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MARYLAND STATE DEPARTMENT OF HEALTH

ILAND STATE DEFARTMENT OF HEAL	III	10
2411 N. Charles St., Battimore	13	1
CERTIFICATE OF DEATH	1	

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216

		CERTII IOII.	Reg. Dist. No	***************************************
1. PLACE OF D	Montgomerer		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County			State	rest town)
3. (a) FULL NAM	AB!	BOTT, Will H.	3. (b) Social Security	Yumber
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	W-US	married	20. DATE OF DEATH. 30 June 1948	1:40 P
	d or wife		21. I CERTIFY that death occurred on the date above stated; that t attended deces	e 18 40
7. Birth date of deceased (mo., day	0	ember 22, 1888	and that I last saw h im alive on 30 June	19 48
8. AGE: Yea		Bays If less than one dayhrsmin.	Tuberculosis, Pulmonary, Rein- fection, Active, Far-advanced.	unknown
Birthplace			Due to	
11. Industry or busine	ess		Due (U.	
		es Va.	Diher conditions	
14. Maiden nam	. BAILEY, M	ollie Elizabeth Va.	(Include pregnancy within 8 months of death) Major findings of operations	
16. Informant WIFE: Mrs. Irene Abbott			Actorsy results	
Address Lurey, Virginia 17. burial 18. (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)			22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemelery or crematory Beathms Chapel		ms Chapel	Where did injury occur?(City or town) (County)	
Location		+1010110100100110001100001100110000100000	Injured at home, farm, Industry, Jubi'c place (where?)	***************************************
18. Funeral director.	Bradley	Funeral Home Seg	Meane of Injury (Injured at work?	
Address Luray, Virginia 7-1 48 Mary A Patterson		rginia Callisin	23. SIGNATURE W. A. DINSMORE, Jr. Lt.Cdr. USNH Bethesda, Md. Date signed.	MC USN or other

JUL 2 1948

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(Date rec'd by registrar)

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U	Lynn	0.7	- 8

St., Baltimore 95C	(Am a) 6
E OF DEATH	Reg. Diet. No. 216
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
State D.C.	County
City or town Washing	
(If rural,	Avenue, N. E. give LOCATION) WI
	3. (b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH. 26 Jun	e 19 48 , 17:08 P
21 June	e above stated; that I attended deceased from
and that I last saw h A.M. alive on	26 June 19 48
Immediate cause ul death	DURATION

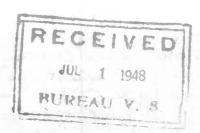
Hypertension arte

PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, flil in the following:

MC USN 23. SIGNATURE.....

Address USNH Bethesda Md. Date signed 6-27-48



Jak H

2411 N. Chartes St., Baltimore

CERTIFICAL	Reg. Diat. No. 210
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
ANTHONY, Harry Francis	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US widowed	20. DATE OF OEATH 19. 48 at 8:154
6.(b) Name of husband or wife Erma B. Anthony 6.(c) If alive, give age years T. Birth date of deceased (mo., day, yr.) February 11, 1887	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 31 May 19 48 to 1 Jane 19 48 and that I fast saw h imalive on 1 June 19 48
8. AGE: Years Months Days If less than one day 61. 3 20	Valvular Heart Linear 20-jan
9. Birthplace	Due to
12. Name ANTHONY, William dec. 13. Birthplace Pa.	Dither conditions
14. Maiden name FLANAGAN, Mary Ellen dec. Wash.,D.C.	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant son: Mr. Jack T. Anthony Address 3000 Taylor St., Mt. Rainer, Md.	Actorsy resolts. Not plemetted PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
burial Date thereof 6-4-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
locationArlington, Virginia	fnjured at home, farm, Industry, public place (where?) Msans of injury / Injured at work?
18. Funeral director Wm. J. Nalley	THE FLECK Lt. MC USN
19. 6-1 19.48 Mary C. allerson Registrar Registrar	23. SIGNATURE M. D. or other USNH Bethesda, Md. Date signed 6-1-48

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information carefully. The

ADING INK. Supply every item of i

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PLAINLY, V WRITE PLEASE VS A15

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

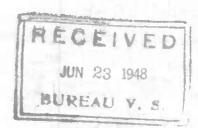
Reg	Dist	No	216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	State D.C. County	
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)		******************
How long in above piace of death? 4 days Hospital Institution or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nea	reat town)
	Street No. 1,22 A St., N.E.	
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)	1
How long in hospital or institution?	2.(a) If veteran, name war	X
3.(a) FULL NAME ASHMORE, CHARLES JOSEPH	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male W-US married	20. DATE OF DEATH	,a. 9:50 J
6.(b) Name of husband or wife Louise Ashmore	21. I CERTIFY that death occurred on the date above stated: that I attended decer 17 June 19 48, to 21 Jun	1918
7. Birth date of	and that I last saw h. i.M. alive on 21 June	194.8
7. Birth date of deceased (mo., day, yr.) November 1, 1897	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day 7 17hrsmin.	PNeumonia, Loban	a days
9. Birthplace Pennsylvania (Town county and state)	Que to	
s. Birthplace (Town, county, and state) 10. Usual occupation (ivil Service)	Hypertensive Heart DiJease	3415
11. Industry or business	Oue 10	
12. Name. ASHMORE, Thomas dec	Other conditions	
# 14. Maiden name HALEY, Katherine dec.	(Include pregnancy within 3 months of death) Major findings of operations	
15. Birthplace Ireland	Date of op.	
16. Informant wife: Mrs. Louise Ashmore	Aotopsy resolts	
Address 421 A St., N.E., Wash., D.C.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
17. BURIAL Date thereof 6-25-118 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory. ARLINGTON. NATIONAL CEMETERY.	Where did injury occur?	
Location ARLINGTON, VA.	Injured at home, farm, Industry, public place (where?)	••••
1B. Funeral director	Meene of Injury Injured at work?	
Address 1400 CHAPIN ST NW WASHINGTON DC	22 SIGNATURE W. F. QUEEN, Cdr. MC USN	
19. 6-21 19. 48 Mary C. Patterson Register	USNH Rethesda, Md.	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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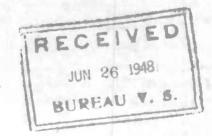
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Mantgomary	(For newhorn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State Sounty Sounty
How long in above place of death? 2 days 18 hrs.	Cily or town (1f outside city or town limits, write RUEAL and give nearest town)
How long in above place of death?	THE SOUNDS
Suburban Haspital Bethera M	Street No. (If roral, give LOCATION)
How long In hospital or institution? 2 days 18 hrs.	2.(a) If veleran, name war
3. (a) FULL NAME	
018137	3. (b) Social Security Number
	none.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Tune 2/ 1988 at 3:36
Quet Benton	21. I CERTIFY that with occurred on the date above etated; that I attended deceased from
6, (b) Name of husband or wife Sanet Benton	21.1 CENTIFY THAT OPEN OCCUPYED ON THE BATE 2007E STATES, THAT I STERNED DECEMBED TO THE BATE 2007E STATES, TO SEAL 2 1950.
6.(c) If alive, give age years	4 4/1
7. Birth date of deceased (mo., day, yr.) May 14, 1875	and that I last sow h
8. AGE: Years Months Days If less than one day	Immediate cause nI death OURATION
73 / / 3 hrsmln.	failur
	Muradilia 6 wk
9. Birthplace Mainston Q Vermant (Town, county, and state)	Due to My Caralles 6 de A
10. Usual occupation. Analogist.	Due to Cesaura 3 day
11. Industry or business	
12. Name Joseph H. Benton 13. Birthplate Ware Gord. Vermont	Other conditions Benign rostalis typestion by Zyr
3 13. Birthold Ware Gord. Vermant	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
\$ 15. Birthplace Newbury Vermont	lerinal protabelony Date of op May 6 19
16 Interment Wife, Janet 12 Benton	Antapsy results.
Address 711 Elm St. Bethesda Ml.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
7 00 7010	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Cremation (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill Crematory	Where did injury occur? (City or town) (County) (State)
Location Washington, D. C.	Injured at home farm, Industry, public place (where?)
18. Funeral director. Nata : Lausen Par	Means of Injury Injured at work?
Dathards Manyland	(lord of living M. D.
Address Betnesda, Maryland	23. SIGNATURE
19 6/23 148 Am 6 Jobes	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed.

FOR RESERVED



WITH UNFADING INK. Supply every item of information carefully. It important. Physicians: please write the causes of death clearly and legi

PLEASE WRITE PLAINLY,

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfea St., Baltimore

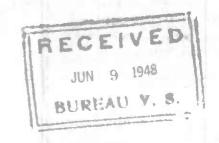
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CERTIFICATE OF DEATH

er Dist No. 714

1. PLACE OF DEA				(For newborn infants give residence of mother)	
				Manufand Mantgamana	
City or town Garrett Park (If outside city or town limits, write RURAL and give nearest town)		ZIII AI, and give represt town)	state Maryland county Montgomery		
How long in above place of Hospital, institution, or	of death?treet address where de	eath occurre		Cily or town. Garrett. Park (If outside city or town limits, write RURAL and give near Street No. 31 Waverly Avenue (If rural, give LOCATION)	
How long in hospital or	Instilution?		······································	2.(a) If veleran, name war	
3. (a) FULL NAME				3. (b) Social Security 1	Number
	DAVID H	RISSET			
4. Ser	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
male	white		married	20. DATE OF DEATH	21.//.i.20.P. M
6.(b) Name of husband of	r wife, Eupher	nia Se	unders Bisset	21. I CERTIFY that dead occurred on the date above efated; that I aftended decea	eed from
7. Birth dale of deceased (mo., day, yr	Oct. 31.	1871		//	15
8. AGE: Years	Months	Days	It less than one day	Immediate cause at death.	4 moultes
76 7 1 hrs. min. 9. Birthplace		idatate)	Due to. Caremonia la letem	8malle	
441	_		Agriculture	0.4	
12. Name Da.V.			······································	Other conditions attended leading land was	14000
or i		Cook		(Include pregnancy within 8 months of death) Major findings of operations.	
≥1 15. Burtnpiace Sc	OFTENO	1 .	\	Oate of op.	
10. HITOTHERICA.			son	Autopsy results	statistically.
Address 6963 1	Maple St.,	Cakoma	Park, D. C.	22. VIOLENCE: If death was due to externat causes, fill in the following;	
11 Burial (Burlal, cremation,	or removal, Which?)	Date fher	eof June 5 1948 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or cremator	Rock Cre	ek Ce	metery	Where did injury occur?	(State)
	4 4 1		Pumphay, Inc	Injured at home, farm, Industry, public place (where?)	
			Silver Spring, Md.	01910	
0	19 4 8 istrar)	_ ′	hure in Schoeffe	23. SIGNATURE JOSEPH N. W. Washington Det. D. o. Address J. TR 6 Eye St N. W. Washington Date signed	Jew 48



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Mantgomery	- m. 1 1 m. t.	4-040 4 41
City or town	State County County	The state of the s
How long in above place of death? 2 Karl	City or town	nearest town)
Hospital, institution, or street address where death occurred:	Street No.	
615 W. Montgamery ave.	(If rurai, give LOCATION)	,
How long in hospital or Institution?	2.(a) It veteran, name war.	
3. (a) FULL NAME	3. (b) Social Securit	y Number
Wm. Henry Le Boy Bod	ner	
4. Sex 5. Color or race 6.(a) Single, married midowed, or divorced	MEDICAL CERTIFICATION	
male white married	20. DATE OF DEATH SIME 2 19 42	8 . 9 P.
6.(b) Name of husband or wife Mallie C. Bodme	21. I CERTIFY that death occurred on the date above etated; that I attended de	
	Dec 19.45 10 2 11	me 19 48
T. Birth date of	and that I last saw h. A. alive on 2	19 40
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Morfins Days It less than one Bay	Rupland Vorlie aneurysis	1 3000cm
60 6 7hrs.	in with Kemenhage	
9. Birthplace MARIE (Town, county, and state)	Due to Asternolius	10 glan
10. Usual occupation Capt. Minta. Contolece For	e Maralessin	20480
11, Industry or business	Oue to.	
7 / / / / / /	Other conditions	****
12. Name Jacob Balmer 13. Birthplace Virginia		
14. Malden name Carrie Wiles 15. Birthplace Virginia	(Include pregnancy within 8 months of death)	****
15. Birtholace Virginia	Major findings of operations	
m. Il P. Badanal	Date of op	
16. Informant	Antopsy results	
Address Dealleville, M.		
17. Durial Date Thereof 6-5-48	22. VIOLENCE: tl death was due to external causes, Illl in the tollowing;	
(Buriai, cremation, or removal, Which?) (Buriai, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	***************************************
Cemetery or crematory	Where did injury occur?	(State)
Location Beallsville, Md.	Injured at home. larm, Industry, public place (where?)	
18. Funeral director Lom. B. Hilton	Means of injury Injured at work?	
B. in one	wells also	40
Address Barnesvelle, M.	23. SIGNATURE WOUNDERSTON	77
19 June 4 1948 Mrs E.V. Kongson.	Rachaille had M.D	or other
(Date rec'd by registrar)	Address Date signer	1

JUN 10 1948

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important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Par Diet No. 223-

1. PLACE OF DEATH: county onto	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If outside city or town limits) write RURAL and give nearest town) Street No. / 324 = 1
How long in hospital or institution?	2.(a) If veteran, name war
Mrs. Jennie Cook Bo	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced White widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH JUNE 16 1948 at 6:10 ft
8.(b) Name of husband or wife William F. Bopp (Deceased) 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) June-8-1857	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 13 to 19 to 1
8. AGE: Years Months Days If less than one day 91 8hrshrs.	heart failure 3 w Ks
9. Birthplace	Due to Chronic Myo carditis years Due to Arterio sclerosis years
12. Name. Wells O. Cook.	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name Fayette Williams 15. Birthplace N.Y.	Major findings of operations
16. Informant	Antopsy results
17 Dunial (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington Nattl. Cometery Location Arlington, Va.	Where did injury occur?
11/1/. 0.	Means of Injury tnjured at work?
Address 2901-14th St. Wash. D. J. Wash. D.	23. SIGNATURE Wallow M. M. D. or other Address Jakona Pk. Mal Bate signed 6/16/4
The state of the s	Medicas Date significant



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CERTIFICATE OF DEATH

I. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Washington D. C. County City or town		
Bethesda (rural) City or fown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Bespital institution or street address where death occurred:			
U. S. NAVAL HOSPITAL, Bethesda, Md. How long in hospital or institution? 5 days			
3.(a) FULL NAME BROWN, Madison	3. (b) Social Security Nu	umber	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. 17 June 19 48 .	1. 10:55B	
6.(b) Name of husband or wife Delha Daney Wessow 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I affended decease 12 June 19 Lt8 to 17 June and that I last saw h im alive on 17 June	ed from	
deceased (mo., day, yr.) July 11; 1869	Immediate cause of death.	DURATION 2 da	
9. Birthplace	Due to	6 da	
11. Industry or bosiness 12. Name BROWN, John B. dec. 13. Birthplace Pa.	Other conditions	udef	
14. Maiden name BRYAN, Frances Kenard dec Md.	(Include pregnancy within 3 months of death) Major fiediogs of operations		
16. Informant Son: Mr. John B. Brown Address 2810 Cortland Pl., N.W. Jashington. D. C.	Autopsy resolts. PHYSICIAN: Please ooderline the caose to which death should be charged sta 22. VIOLENCE: If death was due fo external causes, fill in the following:	atistically.	
burial Date (hereof 6-21-148 (Burial, cremation, or removal, Which?) Cemetery or crematory. Chesterfield	Accident, suicide, or homicide		
Location Centerville, Md.	Injured at home, farm, Industry, public place (where?)		
Address 7557 Wisconsin Avenue, Bethesda, Md. 19. 6-18- 19.18 Mary Fatterson (Date ree'd by registrar) Registrar Registrar	23. SIGNATURE R. L. FLECK, Lt MC USN M. D. or USNH Bethesda, Md. Date signed	6-18-1.8	

JUN 19 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

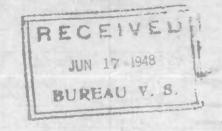
CERTIFICATE OF DEATH

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Reg. Dist. No. 2 17

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County //antgamery	(For newborn infants give residence of mother)	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland county Montgomery	
How long in above place of death?	City or town	
Hospitat, Institution, or street address where death occurred:	Street No. A # 3	
The Mantgomery Caunty General Hospital L	(If roral, give LOCATION)	
How long in hospital or institution?	2.(g) if veleran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Harvey Budd.	3. (b) Social Security Number	
4. Sex 5. Color or race §.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male colored Married.	20. DATE DE DEATH Jame 10, 19.48, 21.9.20 A. M	
6.(b) Name of husband or wife. Mary Budd	21. I CERTIFY that doubt occurred on the date above stated; that I altended deceased from	
S.(c) if alive, give age years	Bepil 13, 19.48 to Jacob 10, 19.48	
7. Birth daie of	and that flast saw h. LANA silve on	
deceased (mo., day, yr.) December 5, 1890	Immediate cause of death	
8. AGE: Years Months Days It less than one day	Pulmoning Intersection 3 days	
57 6 5nin.		
9. Birthpiace Howard Co., Maryland (Town, county, and state)	Bue to famous philipping 5 days	
10. Usual occupation Laborer	Due to	
11. Industry or husiness	BUC LOCAL	
12 Name Richard Budd.	Other conditions Carcinoma of Caecum ? montes	
Te te temperature	5 1 1 0 · 120 +	
13. Birthplace Brinklow, Maryland.	(Include pregnancy within Months of death)	
14. Maideu name //audy	Major findings of operations Cancasama of Calcam with	
14. Malden name / 2 404 15. Birthplace New york News, Vivginia	Perlmed Lyngh made in tale of 00 May 29.48	
16. Informani Hospital record	Autopsy results	
Address	an Arguretter to doubt was due to external assess fill to the following:	
(Burial, cremation, or removal) Which?) Date thereof. 13,1948	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or cramatory	Where did injury occur? (City or town) (County) (State)	
Location Sanly Same, mos	injured at home, farm, industry, public place (where?)	
DIPID XI	Means of injury Injured at work?	
19. Funeral director	2017	
Address Rock wille, md.	23. SIGNATURE STORY MB.	
1.6 - 13 well Gentrud, B Lawle	M. D. or other	
(Date rec'd by registrar)	Address Dandy Sprong 1720. Date signed 6/10/48	

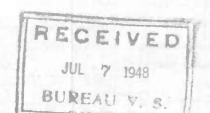


MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1. PLACE OF DEAT	1:			2. USUAL RESIDENCE (HON (For newborn infents give resid	ME) OF DECEASED:
County MOII (lver St	oring	•		County Montgomery
Now long in above place of a	leath?		URAL and give nearest town)	City or town Silver Sp	ring
Hospital, institution, or 3tg	Richie	a Ave)	Street No. OOL RICHT	ral, give LOCATION)
How long in hospital or ins	titution?		······································	2.(a) if veteran, name war	
3. (a) FULL NAME					3. (b) Social Security Numb
	Cha		W. Burch		214-03-8111
Male 5.	White		rried or divorced		JUNE, 1948
6.(b) Name of husband or wife Lula W. 5.(c) If alive, give age years 7. Birth date of deceased (me., day, yr.) April 19, 1873				25 JUNE and that i last saw h. i. i.m. alive en	date above stated; that I attended deceased fr
8. AGE: Years	Months 2	Days 8	tf less than one dayhrsmi		HEART FAILURE
10. Usual occupation	11. Industry or business				KERONIS Y NSION
13. Sirthplace ME	aryland				vithin 3 months of death)
14. Malden name	Harrett	t P. N	[ewton	Major findings of operations	
2 15. Birthplace	Virgini				Date of op.
16. Informant	s Lula	W. Bu	ırch	Autupsy results. NONE	se tu which death shuuld be charged statisti
Address 63	al Richi			- WOLFNOT II death was due to and	
17 Burial (Burial, cremation, or	Mona		oof June 30, 1940 (month) (day) (year) Cemetery	Accident, suicide, or homicide	Date ef
Lecation Beallsville, Mont. Co., Md. 18. Funeral director Waxnex & Pumphrey, Src.					place (where?)
	4-				

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Systematic State Community

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 71 H

1. PLACE OF DEATH: Mant 5 meng	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many Canal county montgamen
City or town	TO: 0 . M-#.
Now long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	0 . 0 - 01
mont gameny Co General Kapiles	Street No. ([Grural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN WILLIAM BURRISS	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Wh Single	20. DATE OF DEATH June 29, 1948, at 5 PM
	21. I CERTIFY that death occurred on the date above plated; that I atlended deceased from
6.(b) Name of husband or wife	June 29, 19 88
7. Birth date of Section 1. Secti	Grid that I last saw h. Landlive on
deceased (mo., day, yr.) May 7. /880	Immediate cause of death DURATION
8. AGE: Years Months / Days It less than one day	Immediate cause of death
68 / 22hrsmin.	
	O La ile con le colo ? 11
9. Birthplace (Town, county, and state)	Due 10. At Charles and Drephano Charma
18. Usual occupation Laborer	man / by my tensive Cardia. Great
	Due to
11. Industry or business	Designe
12. Name Burnes In Maryle Maryle	Other conditions Ale Cland Alexander Sa fra
	(Include pregnancy within 8 months of death)
14. Maides name Elizabeth Burnes Montgomen Co. Manda	Major findings of operations.
15. Birthplace Won Tamers Co. Maryland	major manues of operations. Date of op.
16, Informant Earl Ruley	Actorsy results.
C:0 C OT#1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address oliver Spring 121	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or summetery Lay Hell Methodiat Cherch	Where did injury occur?
Location Ray bico, ma	Injured af home, farm, industry, public place (where?)
18. Funeral director Warner E. Pumphray Time	Means of injury Injured at work?
	O 1 Extraory
Address Silver Spring, Md.	23. SIGNATURE M. D. or petter
1 Out 1 1048 Gertryd Blawler	M. D. or bther
(Date/rec'd by registrar) Registrar	Address Date signed Date signed
	10,

The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

JUL 14 1948

BUREAU V. S.

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of a	DECEASED:	
County			7 \			
Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)			ral)	State D.C. County		
(If outs	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 month, 6 days		City or town Washington			
How long in above place of	death?	monton	0 00,3	City or town	, write RURAL and give ne	earest town)
Hospital, Institution, or Str	eet aggress where	death occurren	•	Streef No. 220 E St., N.E.		,
			thesda, Md.	(If rural, give	LOCATION)	1
How long in hospital or in:	stitution? 1	month,	6 days	2.(a) If voteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
	BURTON,	Robert	Louis			
	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	17.112
male	W-US		married	20. DATE OF DEATH 19 June	19.48	at 5:05 A
8.(b) Name of husband or	Da Da	aisv Bu	rton	21. I CERTIFY that death occurred on the date abo	ve stated: that I attended dec	ceased from
				13 May 19	48 10 19 Jun	10 45
		6.(0	e) If alive, give ageyears	and that I last saw h. imalive on 1	9 June	10 18
7. Birth date of deceased (mo., day, yr.)	July	13, 18	196	Immediate cause of death. U.RCW	11'4	011047101
8. AGE: Years	Months	Days	if less than one day	Immediate cause of death		DURATION
51	11	6			***************************************	TE PROISE
		0	hrs min.		7	70hour
B. Birthplace				Due to + many factor	Ce oction	707041
		county, and	itate)	transtusian	Reaction	
10. Usual occupation	Paint	er		Buo fe		
11. Industry or business				Due 10		
	ON 1854 7 7	iam Ant	hur dec.		***************************************	
臣 12. Name		Tam AL	4191 <u>4554</u>	Other conditions	***************************************	
13. Birthplace	Va.			(include pregnancy within 3 n	Aba at danth	
E V	ARNES T	ena Ral	l dec.			411
E 14. Malden nameA			M	Major findiogs of operations. Suh 4	wir Chali	ייין יבר עריבי
14. Malden nameK	V	a.		& chalelothion		-15-48
	Mrs Da	isy Ruz	ton	same as at		
				Autopsy resolts	ich death should be charge	d statistically.
Address 220 E	St. N.E	. Wash	.D.C.			
hami	ما		.6-22-1.8	22. VIOLENCE: ff death was due to external cau		
(Burial, cremation, or	r removal. Which	. Dafe ther	eof 6-22-18 (month) (day) (year)	Accident, suicide, or homicide	Date of	
			Vational	Whers did injury occur?(City or town)		
			Va.	injured at home, farm, industry, public place (wi		
tR. Funeral director	Lee Fu	neral H	Iome Cy13	Misens of Injury	Injured at work?	
				R. N. SHELLEY	, Cdy MC USI	N
Walles of any of		man	Wa shiretonD.C.	23. SIGNATURE		or other
19 6-19-1	1819	Mary	C. Patterson Registrar	Middless USNH Bethesda,	Md.	6-19-49
(Date rec'd by regis	trar)		J Registrar	Address UDNI DECHESCA,	Date signed	

ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and ARGIN RESERVED FOR BINDING WITH UNFA

correct age

PLAINLY, V WRITE PLEASE

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JUN 24 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

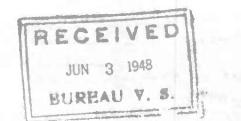
93d

CERTIFICATE OF DEATH

er, Dist. No. 123

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Montgamery	(For newborn infants give residence of mother)		
Til Diel	State District of Columbiacounty -		
(II outside city of town innits, write Rotant and give hearest town)	City or town Wos hing for Dec (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 5 months	(If outside city or town limits, write RURAL and give nearest town)		
Macrital Incitivition or street address where death occurred:	Street No. 4701 Comm. Ave N.W. Apt. 301		
Washing for Sonitarium and Hospital	(If rurel, give LOCATION)		
How long in hospital or institution? 5 bio nths	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Mrs. Nannie Calvert	J. (V) Decir Decirity readors		
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	Name of the state		
	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH. 6-1 19 48 , at 5-15 4		
PL 1 11 Polyant	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
8.(b) Name of husband or wife Charles H. Calvert	21. I CERTIFY 1921 death occurred on the date above states; finally attended deceased from		
	1978		
7. Birth date of	and that I last saw h ally op 19		
	Immediate cause of death DURATION		
8. AGE: Years Months Days If less than one day	Hypertene high diner o years		
90 10 16hrs.	in. Carterin clemi		
9. Birthplace Washing to D.C. (Town, county, and state)	• • •		
9. Birthplace Washing for D.C. (Town, county, and atate)	Due to de de		
10. Usual occupation None			
10. Usual accupation	Due to.		
11. Industry or business			
12. Name Joseph P. Newmon	Dither conditions		
13. Birthplace Philadelphia, Penn.			
E 13. Birthpiace Miladopula	(Include pregnancy within 3 months of death)		
14. Maiden name Anne J. Marks	Major findings of operations.		
14. Maiden name Anne J. Marks 15. Birthplace Virginia			
16 Interment Mrs. Ethel Hess			
16. Informant 15.5: Ethel 17835	Autopsy results		
Address 1535 Locust Rd. N.W. Wash. D.C	()		
M. 121 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Your day bett to penalous			
Cemetery or crematory	Where did Injury occur?		
Location Music Reofose boundy	Injured at home, farm, industry, public place (where?)		
Did to the los	Masons of Injury Injured at work?		
18. Funeral director			
Address 2901- 14 AM: 20	A Hotele h		
O. I. G. Hoffelan A Diff	23. SIGNATURE M. D. or other		
19 June 19 4 AJIVINA July	500 Willword MW 11,14		

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JUL 7 1948

BUREAU Y. S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

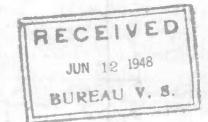
2411 N. Charles St., Baltimore

6311

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Vantaomen	state ARuland county Montgomus		
City or lown	1211		
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	street No. 4602 - Chase and		
Juburban Hospital Old yeo Gd.	(If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) if veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MAle White Single	20. DATE OF DEATH. JUNE 9 1948 at 1:30 C.		
	21. I CERTIFY that leath occurred on the date above stated; that atended deceased from		
6.(b) Name of husband or wife	Just 10 Jun 9 19 44		
7. Birth date of South S	and that I last sharp Assaylive on 19 4		
deceased (mo., day, yr.) June 8- 1948			
8. AGE: Years Months Days It less than one day	Immediate suse of death DURATION		
+ 9 hrs. 34 min.	(6 /2 Mosts)		
9. Birthplace of the side most gamen many many and	Due Io		
1D. Usual occupation			
	Due to		
11, industry or business no see			
12. Name was her Chromas Canon (3).	Dther conditions		
13. Birthplace XXXX Kank Maine	(Include pregnancy within 3 months of death)		
	Major fieddiags of operations		
15. Birthpiace Washington 1 80.	Date of op.		
16. Informan Sizaballi Columbia Carotta	Autopsy resolts.		
Address 4602) Chase One.	PHYSICIAN: Please onderline the cause to which death should he charged statistically.		
11	22. VIOLENCE: tf death was due to external causes, fill in the following:		
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cemetery or crematory Cedar Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
	Injured at home, farm, Industry, public place (where?)		
Location Suitland, Maryland			
18. Funeral director. Milm. Range Turnip Samp	Means of Injury / Injured at work?		
Address Bethesda, Maryland	23 SIGNATURE OF SOME MIS		
1 6/10 1948 m 6 Johns	M. D. or other		
19. (Date ree'd by registrar) Registrar	Address Face Mayth Date signed 6/9/48		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore

932

6312

CERTIFICATE OF DEATH

Reg. Dist. No. > / 4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Mary CA	State Maryland County Mondeson	wry
(If outside city or town limits, write RURA), and give nearest town)	City or town (1f outside city or town limits, write RURAL and give near	
low long in above place of death?	(If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred:	Street No. 932. Phila auc.	
	(If rural, give LOCATION)	
How long In hospital or Institution?	2.(a) It veteran, name war	
ELINOAE CHINE C	HAPMAN	umber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
FEMALE WHITE SEPERATED.	LO, DAIL OF DEATH	at 4 A.
8. (b) Name of husband or wite Sauce Chapman	21. I CERTIFY that death occurred on the date above stated; that I attended decaa January 12 19. 47 10. June 2	3 19.48
7. Birth date of 1874	and that I last saw h. er alive on June 22	1848
deceased (mo., day, yr.)	Immediaia cause of death	DURATION
8. AGE: Years Months days If less than one day	Acute Congestive Heart Failure	15 Min
Louisa.	Coronary Arteriosclerosis	Several
9. Sirlhplace(Town, eounty, and state)	946 (%	Years
10. Usual occupation Thurse White	Qualita	***************************************
11. Industry or business	008 (0	
	Other conditions Generalized Arteriosclerosi	s"
	Degenerative Arthritis	11
	(Include pregnancy within 8 months of death)	
14. Maiden name new newrosko	Major findings of operations	
E 15. Birthplace Newscare	Date of op.	
16. Informant John Bates	Actopsy results Not done	
1922 Plila But Vil LOUN	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address 70 h. Much the act state	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial production on refigue thich?)	Accident, suicide, or homicide Date of	
La de 14110 talende	Where did injury occur?	(State)
Camelery or crematory.	Injured at home, tarm, Industry, public place (where?)	
Location	Mans of Injury Injury Injured at work?	
18. Funeral director W. W. Chambell Co.	mismis vi (mpr)	
Address/400. Chapie X N.W.	1 23. SIGNATURE L.B. Snow L.B. Snow	w M.D.
De 123 48 Double Justicett	M. D. c	
(Date ree'd by registrar)	Address Silver Spring, Maryland Date signed	6-23-48

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indees is especially important. Physicians: please write the causes of death clearly and legibly

rrect age

PLEASE WRITE VS A15

1875

JUL 1 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

1860

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CERTIFICATE OF DEATH

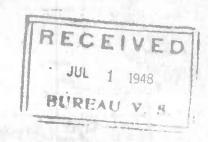
Reg. Dist. No. 216

					Nog. Disc.	***************************************
1. PLACE OF DEATH: County Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Md.		
City or town			URAL and give nearest town)	State County City or town (If outside city or town limits, write F		est town)
Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution?				Street No. (If rural, give LOCAT) 2.(a) It veteran, name war.	10N)	
			,			
3.(a) FULL NAME CISSEL,	Philip Lo			3. (b) Social Security N	umber
4. Sex	5. Coior or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CERTIF	FICATION	
male	W-US		single	20. DATE OF DEATH	19.118	at 1:45P
8,(b) Name of husband 7. Birth date of deceased (mo., day, y) It alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: 22 June 19 18 and that I last saw h imalive on 2	6 25 June 25 June	19.48 19.48
8. AGE: Years		Days	tt less Than one day	Immediate cause of death Intracranial Injury		3 days
34	5	24		Epilepti form seizu		
9. Birthplace	unknown	county, and a	tate)	Due to Psychosis Unclass		
11. Industry or business				77 4 2 22		***************************************
12. Name		nown		Other conditions Hypertensive Hea		
		Marion	,dec	(Include pregnancy within 3 months o		
16. Intermant bro			Cissel	Autopsy results		
	Fulton, Ma	Date There	6-29-118 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till I accident Accident, suicide, or homicide	Date of	
Cemetery or crematory Anlington National						
Location	Arlingt	ton, Va		injured at home, farm, industry, subility place (where?)	em Basebatt ba	.rk
18. Funeral director	1,480			Means of injury fell during Selzur	finjured at work?	
Address 1400 (Chapin St.	N.W.,	Washington, D.C.	23. SIGNATURE R. V. BEYREN	Y, LCDR MC	USN
19. 6-26 (Date rec'd by re	19.48	Mary	C. Patterson Registrar	Address USNH Bethesda, Md.	Bert to 1 o	

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, V

PLEASE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6314 Dist. No. 3-16

				Reg. Dist. No.	• • • • • • • • • • • • • • • • • • • •
1. PLACE OF DEATH: county Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Bethesda, Maryland (If outside eity or town limits, write RURAL and give nearest town) How long in above place of death?				State Maryland County Montgome City or town Bethesda, (17 outside city or town limits, write RURAL and giv	
Hospital, Institution, or street address where death occurred: 7822 Custer Road. How long in hospital or institution?				Street No. 7822 Custer Road (If rural, give LOCATION)	•••••
		. None.	***************************************	2.(a) If veteran, name warNO	
3. (a) FULL NAM		Lillia	an Mather Dallr	nan 3. (b) Social Secur None	rity Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female	White	W:	idowed	20. DATE OF DEATH. June 24,	48 9:25AN
7. Birih dale of	•••••		cy Dallman o) If alive, give age dec. • years	21. I CERTIFY that death occurred on the date above stated; that attended 19 4 7 to 244 and that last saw h. 41 alive on 244	
deceased (mo., day,		er 5,	1874	Immediate cause of death May acardial	DURATION
8. AGE: Year 73		19	hrs. min.	in for etrois	2 DAYS
o. Datapass		eounty, and a	tate)	Oue to lorousy artiny	2 DA1/3
11. Industry or busines	NT.		•	Oue to arter in cente Heat	5 YEAR
≝ 12. Name JOS	seph H. M	ather		Other conditions Garrier J.	
13. Birthplace N	lew York			(Include pregnancy within 3 months of death)	
14. Malden name 15. Birthplace	Sofinia	Newb	erry		
15 Birtholace	Unknown			Major findings of operations.	
	. Lillia		Hurlbut	Autopsy results. U.S	
				PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Address Bethesda, Marvland 17. Burial - Transit (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)					
Cemelery or crematory Woodlawn Cemetery				Where did injury occur?	(State)
Location	New Yo	ork (Elmira)	Injured at home, farm, industry, public place (where?)	
18. Funeral director	11		un b live	Msans of Injury Injured at work?	
	ethesda,			- 23 SIGNATURE Colort G. Carole My	.4.
19. 6/2 (Date rec'd by re	4 gistrar) 19.48	M	m Es Johns	M.	D. pr other

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JUN 26 1948

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

er Dist. No. 1 1

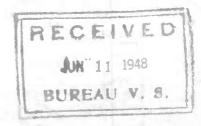
CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county. Mant gamery	1
City or town Bethesda, Waruland (If outside city or town limits, write RUNAL and give nearest town)	State MANHANA County
Hans	(If outside city or town limits, write RURAL and give nearest town)
Hoepilal, inelitution, or street address where death occurred: 3 U DUY DAN MOS	
860001d George Lown Rd, - Bethesday	(If rural, give LOCATION)
How long in hospital or institution? 4 hrs.	2.(a) If veteran, name warNO
3. (a) FULL NAME	3. (b) Social Security Number
	buische fsky
A Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W M	20. DATE DE DEATH
8.(6) Name of husband or wife ROLL DAVI SCHEFSKY	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(c) If alive, give ageyears	June 1945 10 June 1, 194
7. Birth date of	and that I last saw h . Le alive on
deceased (mo., day, yr.) VOV., 7 / 9 DOV.	Immediate cause of death
o. Aue:	Coronary Occlusion 64irs
47 7 22hre. min.	- A
9. Birthplace Milwaukee Wisconsin	Due to Caronary artery. ? 3 yrs
(Town, county, and state)	Sistage 1
1D. Ueual occupation. House Milite	Dus to
11. Industry or buelneee	0
# 12 Name Adam Gross	Dther conditions
12. Name Adam Gross 13. Birthplace Germany	0
# 14. Maidsn name Clara MMC CUILY	(Include pregnancy within 3 months of death)
14. Maidsn name Clara MCCUIII	Major findings of operations.
16, Informant Husband	Autopsy results
Address 106 East KirkSt.Chevy Chase, Mg	PHYSICIAN: Please underline the eause to which death should be charged statistically.
	22 VIOLENCE: If death was due to external causes, fill in the following:
17. Burial - Transit (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Milwaukee, Wisconsin	Where did Injury occur?
Location Milwaukee, Wisconsin	Injured at home, farm, industry, public place (where?)
	Meene of Injury Injured at work?
18. Funeral director W - Of embers Completely	meetic of injuly
Address Bethesda, Maryland	Allana min du Al
M. F.	23. SIGNATURE M. D. or other,
19. (Date rec'd by registrar) 19. 7 Registrar	Address 7302 Come, auc. Date signed 6/1/4
17	

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY,

PLEASE

MARGIN RESERVED FOR BINDING



Reg. Dist. No....

216

6-29-48

We correct age

UNFADING INK. Supply every item of information carefully. A ant. Physicians: please write the causes of death clearly and legi important. is especially

RESERVED FOR BINDING

MARGIN

W		PLAINLY,
8-40-10M		WRITE
	7	PLEASE

/			CERTIFICA	TE OF DE	ATH 44 0	Reg. Di
City or town(II. How long in above place Hospital, tostitution, or US Nav.	Montgomery Bethes outside city of town li e of death? r street address where al Hospital	da (rur mits, write Ri 1 mon death occurred: L, Beth	al) RAL and give nearest town) th, 22 days esda, Md. th, 22 days	Stale	DENCE (HOME) n infents give residence Nt. Jacks f outside city or town fin (If rural, g	Couoty
3. (a) FULL NAM			NGER, Walter Her	man		3. (b) Socia
4. Sex male	5. Color or race W-US	6.(a)Single	married, widowed, or divorced single	2D. DATE OF DEATH	MEDICAL (29 Ju	CERTIFICAT ne
6.(b) Name of husband 7. Birth date of deceased (mo., day,	No	6.(c) It alive, give ageyea	rs and that I tast saw h	death occurred on the date [AV	19 48 10 2
8. AGE: Year 29	s Months 7	Days 28	If less than one dayhrs mi	Pue	death compression of	Brouel
	Civil	eounty, and st	iate)	Due to		
12. Name	DELLINGER Va.		es		nclude pregnoncy within	3 months of death)
E 15. Birthplace	Va	•		Major findings of o	perations	Date
Address	Mt. Jacks	on, Va.		PHYSICIAN: Pleas	se noderline the cause to death was due to externat	which death should
	al n, or removal. Which? Coni	Date there	ot 7-1-48 (month) (day) (year) Church	Accident, suicide, or	ceur?(City or tow	
		1	nsV.L.D.	tnjured at home, far Means of Injury	rm, Industry, public place	Injured
Address Wo	odstock, V	a.	216	IISME	W. F.	

	rural, give LOCATION) WWII
L.(u) It veteran, name war	3. (b) Social Security Number
	3. (0) Social Security Number
MEDIC	CAL CERTIFICATION
O. DATE OF DEATH.	June 19 118 at 1:35
7 May	the date above stated; that I attended deceased from 19 48, to 29 June 19 4 29 June 18 4
Pueumow	Browles 20 ay
<u> </u>	Dirane 15M.
ue to	
ther conditions	
(Include pregnency	within 8 months of death)
lajor findiogs of operations	
	Date of op
otopsy results HYSICIAN: Please noderline the c	cause to which death should be charged statistically.
	externat causes, tilt in the tollowing;
coldent, suicide, or homicide	Date of
coldent, suicide, or homicide	
Where did Injury occur?(City	

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2411 N. Charles St., Baltimore

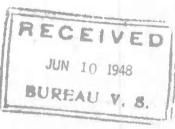
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0317

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:
11/20/2000	(For newborn infants give residence of mother)
County	State Md County Monty.
(If outside city or town limits, write RURAL and give nearest town)	12 1 . 1 . 1
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death	Street No. Mann Club Park
Troughan, Inditional of the control	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
111. 1. 11 South Den	
4. Sex // 5. Color or face 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
m w Widowed	20. DATE OF DEATH STATE STATE 19 X & at 11:30 P.
Lucy The Design Account	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6,(b) Name of husband on wife.	Dep 10 519 10 19
6.(c) 11 afive, give ageyears	Tan Caro
7. Birth date of deceased (mo., day, yr.) (Let 27 1870	and that I last (alf halive on
	Immediate cause of death
o. AGE:	Joseph
77 / 2hrsmln.	Cornary beelissin
Youre	Que to.
9. Birthplace (Town, eounty, and state)	Kong
10. Usual occupation.	
	Oue to
11. Industry or business former class	
12. Name New 11. Ney 13. Birthplace R-4	Other conditions
13. Birtholace N - 4	
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major fiedings of operations
14. Malden name Hanist Says State 15. Birthplace new York State	Date of op.
110 0 2 0 0 15	Autopsy results
16. Informant.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Barerolle Va	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Oate thereof 6 - 12 - 48	
(Burlal, cremation, or remove). Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Chestrul Grove Cemetery	Where did injury occur? (City or town) (County) (State)
91. 1 1/1:01:10	Injured at home, farm, industry, public place (where?)
Location Mann Mymus	
18. Funeral director The S. H. Hinls Co	Means of Injury Injured at work?
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Frank & Brown hart M. J
Address 2901 - 14 th St n. W.	23. SIGHATURE



2411 N. Charles St., Baltimore 61

CERTIFICATE OF DEATH

6318

1. PLACE OF DEATH: Man I gomeny	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mothers) State
City or town	12 0 00 0
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Mospital, Institution, or stroet addross where death occurred:	Street No. Kunul
Montgoney County Tenegal (triple)	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If votoran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
DAVIDS EVELY	
4. Sox 5. Color or raco 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION
male White Single	20. DATE OF DEATH
6.(6) Namo ot husband or wife	21. I CERTIFY that death occurred on the dato above stated; that attended deceased from
S.(c) If alive, give ageyears	15 19 48
7. Birth date of	Cand theil last saw h Asa alive on Jense 15 19 48
deceased (mo., day, yr.) Months Days If less than one day	Immediate cause of death
10 0	Tylloughitis 4days
67 2 28min.	
9. Birthplace A Cy Cown, county, and state)	Duo to
10. Usual occupation	Due to
11. Industry or business	
12. Name Luckrons 13. Birthplace	Ditor conditions Makeles Mellely Jeans
13. Birthplace	Generalized Civlens relevous ? years
14. Maiden name Laga Evely	(Include paraney within 8 months of death) Major findings of operations
15. Birthplace Maylong	Date of op.
16. tatormant mo Olice Porter	Autopsy results
Address grobente nd	22. VIOLENCE: If death was due to external causes, fill in the tellowing;
(Burial, cremation, or removal, Which?) Bate therest (month) (day) (year)	Accident, suicide, or homicide
Cemetory or crematory of Lands Wille Man of	Where did injury occur?
Location Market garages C5 mg	Injured at home, farm, industry, public place (whore?)
18. Funeral director July 13 Miles	Moans of Injury Injured at work?
Address had maille mad	the start Mit
19. (Date red by registrar) 19. 49 Gertrute & Janley Registrar	23. SIGNATURE M. D. or other Address Dato signed Dato signed
- Noghita i	And the state of t

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The causes of death clearly and legibly MARGIN RESERVED FOR BINDING

The correct age

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2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 714

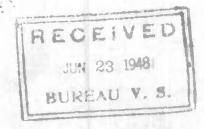
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Man Jamery	
City or town. Takone Park Mary And (If outside city or town limits, write RUHAL and give nearest town)	
How long in above place of death? 4 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1536 D St. N.E.
Washington Sanitarium and Hospital	(If rural, give LOCATION)
How long in hospital or institution? 4 days	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Jane tearson	
4. Sex 5. Cofor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female caue. Married	20. DATE OF DEATH June 19 19 48 at 705
6.(b) Name of husband of the Howard F. Fearson	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6 (c) If alive give age 49 years	10-2 19 47 10 6-19 19 4
7. Birth date of deceased (mo., day, yr.) December 31, 1893	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
54 1 12hrsmin.	(marsine) I suddon
9. Birthpiace Washington D.C.	
(Town, county, and state)	Due to Applinaterosis 10 yr
10. Usual occupation House with	
11. Industry or business	Due to felondary thy pechasin Fyn
E 12 Name thomas McKeon	
E	Other conditions
13. Birthplace Ireland	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Frown	Major fiadiogs of operations
9 15. Birthplace Washington D.C.	Date of op.
23/	
	PHYSICIAN: Please underline the caose to which death should be charged statistically.
Address 1536 D 5+ N.E. Wach. D.C.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal, Which?) Dale thereof (moorth) (day) (7747)	Accident, suicide, or homicide
Calina to nakonale	
Cemetery or crematory	Where did injury occur?
Location articulary Va	Injured at home, farm, Industry, public place (where?)
18. Funeral director W. W. Thamber to	Means of Injury Injured at work?
512.11 1X S.1-	NA -OFFICE OF MIRE
Address 5 / / / / /	23. SIGNATURE Connesh Janghem W
10 June 19 10 48 Oreshwille Ethoeste	M. D. or other
(Date rec'd by registrar) Registrar	Address 8252 In Date signed 619.4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incorrect age is especially important. Physicians: please write the causes of death clearly and legibly.

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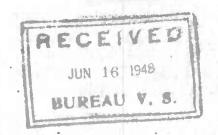
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CERTIFICATE OF DEATH

		TE OF DEATH	216	
1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)		
How long in above place of death?3.d. Hospital, Institution, or street address where dea US Naval Hospita	th occurred:			
3.(a) FULL NAME FEM	IG, John	3. (b) s	Social Security Number	
4. Sex 5. Color or race W-US	6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFIC	CATION 19 48 at 8:35A	
6,(b) Name of husband or wife Mrs.	Gertrude L. Femig	21. I CERTIFY that death occurred on the date above stated; t 8 June 19 48, to	hat I attended deceased from	
7. Birth date of deceased (mo., day, yr.) Augu		and that I last saw h imalive on 11 Jun	ia 19 48	
8. AGE: Years Months 59 10	Pays If less than one day 7hrsmin.	Carcinoma, Metastatic, Pulmonary		
9. Birthplace Austria (Town, cot Carpen 10. Usual occupation Carpen 11. Industry or business	anty, and state) ter	Due to. Hypernephroma Due to.	2 yrs.	
	dec dec	Dther conditions		
	ophie dec. ustria	(Include pregnancy within 3 months of d		
	trude L. Femig t., N.W., Wash., D.C.	Antopsy results. Confirmed above PHYSICIAN: Please underline the cause to which death a	should be charged statistically.	
17. burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Arli	ngton National	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	Date of	
Location Arlington, 18. Funeral director W. W. CH		Injured at home, farm, Industry, public place (where?) Maans of Injury In	njured at work?	
Address 1400 Chapin St	Mary (Patterson Registrar	23. SIGNATURE H. R. COOPER, I.	M. D. or other M. D. or other 6-11-48	



8. (b) Name of husband or wife. 8. (c) If alive, give age years deceased (mon. day, yr.) 7. Birth date of deceased (mon. day, yr.) 8. AGE: Years Months Days If less than one day (Town, county, and atate) 9. Birthplace Washington, D. C. 10. Usual occupation. 11. Industry or business 12. Name John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name. 15. Birthplace Baltimore, Md. 16. Informant. 17. Birth date of operations. 18. Address 928 Sligo Ave. Silver Spring 19. Birthplace (Month) (das) (year) 10. Birthplace (Gurial, cremation, or removal, Which!) 11. Birthplace (Month) (das) (year) 12. Name (Gurial, cremation, or removal, Which!) 13. Birthplace (Month) (das) (year) 14. Maiden name. 15. Birthplace (Month) (das) (year) 16. Informant. 17. Birthplace (Month) (das) (year) 18. Accident, suicide, or homicide. 19. Date of operations. 19. Date of operations. 19. Date of (County) (State) 19. Washington, D. C. 19. County) (State) 19. Injured al home, farm, Industry, public place (where?)	/		CERTIFICAT	E OF DEATH	Reg. Dist. No.
(If outside ety or town limits, write RURAL and give nearest town) Now ineg in about piece of death? S month's Respital, institution, or siteral address where death occurred: 10,000 Georgia Ave. Now long in heapilal or institution? 3. (a) FULL NAME Blanche Irene Finch 4. See S. Color or race 6. (a) Single, married, widowed, or discreed Female White Divorced 5. (b) Name of husband or wife. 5. (c) It alies, give age. 7. Birth date of tester of months 8. AGE: Tests Months Buys If its than one day 8. AGE: Tests Months Buys If its than one day 8. Housewife 10. Usual occupation. Housewife 11. Indextr or husiness 12. Is me. John Henry Howlett Address 928 Sligo Ave. Silver Spring 14. Maiden name Jane Elizabeth Pywell 15. Birthplace Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial 18. Intermat. Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 18. Intermat. Date thereof. Mashington, D. C. City or town (If outsidacty or town limits, write on mint of the market town) We stire in the curical case of the conditions. (If counting two town limits, with CRURAL and give nearcest town) Mashington, D. C. City or town If outsidacty or town limits, with CRURAL and give nearcest town) To the city of town interest town interest town. (If counting two long limits of the mint of the counting town limits, with Committee town) 10. (b) If veteras, name war. MEDICAL CERTIFICATION 20. OATE OF OEATH MEDICAL CERTIFICATION 21. CERTIFY pair found occurred on the date above subject. that planeded deceased from the current on the date above subject. that planeded deceased from the following and that light and the light and	County	ontgomer	***************************************	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	PF DECEASED: mother)
Row long in above place of death?	City or town	Silver Sp	ring		
Street NG. 17th St. N. V.	(If	outside city or town li	imits, write RURAL and give nearest town)	City or town Washington,	D.C.
Since New Long In hespital or institution? Since New Long In hespital or institution Since New Long In hespital Since In hespital Since In h	How long in above place	of death?	death recurred:	(If outside city or town limit	s, write RURAL and give nearest town)
How long in hospital or institution? 3. (a) FULL NAME Blanche Irene Finch 4. Set				Street No	
3. (a) FULL NAME Blanche Irene Finch 4. Set S. Color or race Finch 5. Color or race Female S. Color or race S. Color or race Female S. Color or race Female S. Color or race S. Color or rac					./
Blanche Irene Finch 4. Sex				2.(a) If veteran, name war	
Female White Divorced 5.(6) Name of husband or wife 5.(6) Hame of husband or wife 5.(6) If alive, give age. 7. Birth date of deceased (mo. day, yr.) 8. AGE: Vears Months Days If less than one day 81 10 25 hrs. min. 9. Birthplace Washington, D. C.s. 10. Usual occupation. 11. Industry or business 12. Name John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name. 15. Birthplace Baltimore, Md. 16. Informant Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 16. Informant Or. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial (Burial, gremation, or removal. Which?) 18. Date thereof June. 15. 1948 Accident, suicide, or homicide. 19. June 19. J	3. (a) FULL NAM		anche Irene Finch		3. (b) Social Security Number
8. (b) Name of husband or wife 8. (c) If alive, give age 9. Birth date of deceased (mon., day, yr.) 9. Birth hate of deceased (mon., day, yr.) 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birth date of deceased (mon., day, yr.) 18. How lett 19. Birthplace 19. Birthplace 10. Usual occupation. 11. Industry or business 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. 17. Birthplace 18. How lett 19. Birthplace	4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
8. (c) Name of husband of wire 8. (c) If alive, give age years deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 10 9. Birthplace Washington, D. C. (Town, county, and atste) HOUSEWIFE 10. Usual occupation. 11. Industry or business 12. Name John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name. 15. Birthplace Baltimore, Md. 16. Informant. 17. Birthalac 18. Address 928 Sligo Ave. Silver Spring 18. Birthplace Baltimore, Md. 19. Date thereof. June 15, 1948 (Month) (day) (year) Cemetery or crematory. Rock Creek Cemetery. Location. Washington, D. C. (City or town) (County) (State) Injured at home, farm, industry, public place (where?).	Female	White	Divorced	20. DATE OF DEATH JIME	13 1948 11:20P.
8. AGE: Years Months Days If less than one day 81 10 25				October 25 19	4/ 10 June 13 19 48
8. AGE: Years Months Bays If less than one day		yr.) July	18, 1866	11	DUBATION
9. Birthplace Washington, D. C. (Town, county, and atate) Housewife 10. Usual occupation. Housewife 11. Industry or business 12. Name John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name Jane Elizabeth Pywell 15. Birthplace Baltimore, Md. 16. Informant Dr. H. H. Howlett Address 928 Sligo Ave Silver Spring 17. Burial (Burial, cremation, or removat. Which?) 18. Date thereof. June 15. 1948 (month) (das) (year) 19. Cemetery or crematory. Rock Creek Cemetery. Location Washington, D. C. Injured al home, farm, industry, public place (where?)	8. AGE: Year	s Months	Days If less than one day		4-10-10
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11. Industry or business 12. Name	9. Birthplace	(Town,	county, and state)	Due to Tomonic Mu	jocarditis oneylar
John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name Baltimore, Md. 15. Birthplace Baltimore, Md. 16. Informant Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial (Burial, eremation, or removat. Which?) Cemetery or crematory. Rock Creek Cemetery Location Washington, D. C Dither conditions State Jellita. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)	In. Usual occupation.	House	wife		9
John Henry Howlett 13. Birthplace Lowestoft, England 14. Maiden name Baltimore, Md. 15. Birthplace Baltimore, Md. 16. Informant Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial (Burial, eremation, or removat. Which?) Cemetery or crematory. Rock Creek Cemetery Location Washington, D. C Dither conditions State Jellita. (Include pregnancy within 3 months of death) Major findings of operations. Major findings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It dealh was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)				Due to	
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14. Maiden name Jane Elizabeth Pywell 15. Birthplace Baltimore, Md.	12. Name		0.00404	Other conditions Charles	
Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial (Burlal, eremation, or removat. Which?) Cemetery or crematory. Rock Creek Cemetery. Location. Washington, D. C. Autopsy results. PHYStCIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It dealh was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)		Jane El		(Include pregnancy within 3	months of death)
Dr. H. H. Howlett Address 928 Sligo Ave. Silver Spring 17. Burial (Burlal, eremation, or removat. Which?) Cemetery or crematory. Rock Creek Cemetery. Location. Washington, D. C. Autopsy results. PHYStCIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It dealh was due to external causes, till in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured al home, farm, industry, public place (where?)	# 14. Maiden name			Major findings of operations	
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17. Burial (Burial, eremation, or removat. Which?) Cemetery or crematory. Rock Creek Cemetery. Location. Washington, D. C. Date thereof. June 15. 1948. (month) (duf) (year) Accident, suicide, or homicide. (City or town) (City or town) (County) (State) Injured al home, farm, industry, public place (where?)	Address	28 Sligo	Ave. Silver Spring	PHYStCIAN: Please underline the cause to w	hich death should he charged statistically.
Cemetery or crematory Rock Creek Cemetery				22. VIOLENCE: It death was due to external car	uses, till in the following;
Cemetery or crematory Rock Creek Cemetery	17 Burial eremetics	or removat. Which?	Date thereof	Accident, suicide, or homicide	Date of
LOCATION				Where did injury occur?(City or town)	(County) (State)
A No and a second at most of the second at m	Leastion Was	hington I) C -	Injured al home, farm, industry, public place (w	vhere?)
The Association of the Control of th				Means of Injury	injured at work?
18. Funeral director. Whenever 8. Tumpbear, Inc. Means of Injury Injured 21 WORK!	18. Funeral director	TOX WOSE	Composed, one		
Address 8434 Ga. Ave., Silver Spring, Md. 23. SIGNATURE Howard St. Howet M.I	Address 8434	Ga. Ave.,	Silver Spring, Md.	TO SIGNATURE A TOUR A SE	A. W Hotelor H. F.
19. Date red by registrar) 19. V8 Josephirale Schoof of Registed Address 28 Sligto are Library mile June 13. Registed Address 28 Sligto are Library June 13.	19. June	4 18 4 8 egistrar)		000000000000000000000000000000000000000	elver fring me Dor ther 13, 194

MARGIN RESERVED FOR BINDING

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PLEASÉ WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicated is especially important. Physicians: please write the causes of death clearly and legible VS A15

RECEIVED

JUN 17 1948

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2000

6329

CERTIFICATE OF DEATH

Rev. Dist. No. 2/8

	Reg. Dist. No
Y. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county mentagnmeny	State MAKHANA County Marky
City or town. Bethesda thav Hard (If outside eity or town limits, write RUHAL and give nearest town)	Griffonshire
How long to shave place of death? 1.0 YV1 \ X1 Y2	City or town
Hospital, institution, or street address where death occurred: DDDVDAVIHO	Street No.
\$600 Old Georgetown Pd, Bethesda M	(If rurai, give LOCATION)
How long In hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mr Elmer tranklin Hetch	iev.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m W	20. DATE OF DEATH 6 - 27 19 48 at 12 Pan
	21. I CERNYY that death occurred on the date above stated: that attended deceased from
6.(b) Name of husband or wite. 13 lanche	26 19KY 10 Jane 27 19X8
7. Birth date of	and that Viast saw here alive on James 7
deceased (mo., day, yr.) 14me 13, 1900	Immediate cause of death
8. AGE: Years Months Days titless than one day	
48 12hrsmin	auto Carchar failure 16 hrs.
9. Birthpiace. Hay Cock Thay and state)	Due 10 Anderlying Carlos Untersum
10. Usual occupation Attendant Poranirmals at	
11. Industry or business	Due to
	Dither conditions.
13. Birthplace Fullon Corenna ylvania	(Include pregnancy within 3 months of death)
14. Malden name Salvah Ellen Fletchen 15. Birthplace Fulton @ Pennsylvania	Otajor findings of operations.
El 15. Birthplace Fulton a Pennoy Wania	Date of op.
18. Informant Daughter Mrs Walter Brow	
Address Colemanille Della	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12.0 6/29/48	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Bate thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Fourth Calc Guefee	Whera did injury occur?
Location Garthersbury med	Injured at home, tarm, Industry, public place (where?)
80 / May (1919)	Means of Injury Injured at work?
18. Funeral director	10/1
Address Lathursburg hed	23. SIGNATURE 2 / Drowhart M. O
19 June 29 1948 alsuda y Corke	M, D, or other
19. Date ree'd by registrar) Registra	Address Tale Men Grand Mal Bate signed 6 - 28 1

enonale! DESTERNISHED TO STATE OF Bridge Bridge doornal RAPE ANTENANO INTERNETIA JUL 2 1948

CERTIFICATE OF DEATH

			216
leg.	Dist.	No.	

OERTH TOTAL	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female. White Married.	MEDICAL CERTIFICATION 20. DATE DF DEATH
8. AGE: Years Months Days If less than one day 10. Birthplace	21. I CERTIFY that death occurred on the date above stated; that I attended goessed from 19. 7 and that I last saw h 2. 2 alive on 19. 7 Immediate cause of death
12. Name Henry J. Bahmer: 13. Birtholace St Charles Ministra. 14. Maiden name Ida: Becker: 15. Birtholace / Becker County Ministra. 16. Informant Muslim Fish Montana. Address White Fish Montana. Burial - Taansit Pensoze June 22, 1948	Major findings of operations
Burial-Transite Date thereof June 22, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory Whitefish Montana Location Whitefish, Montana 18. Funeral director. Address Bethesda, Maryland	Accident, suicide, or homicide
19. 6/2 3 19.48 Mm & Johnson	Address 7436 Sangton M. D. or other Address 7436 Sangton M. D. are signed 21 2 4 2

FOR BINDING RESERVED MARGIN WEA UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, vis especially

WRITE

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RECEIVED

JUN 26 1948

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

state Maryland county Montgomery

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

.Date signed...5.

	age
M	rrect

1. PLACE OF DEATH: .

County Montgomery

How long in hospital or institution?. 3. (a) FULL NAME

male

8. AGE:

deceased (mo., day, yr.)

56

Hospital, Institution, or street address where death occurred: 9707 Colesville Road

5. Color or race

white

9. Birthplace Baltimore, Md. (Town, county, and state)

12. Name Marion A. Frazier

13. Birthplace Baltimore. Md. 14. Maiden name Sarah Anderson

16. Informant Robert A. Frazier

Cemetery or crematory Cedar Hill Cemetery

11. Industry or business Business

15. Birthplace Bel Air. Md.

17. Burial (Burial, cremation, or removal, Which?)

..... Suitland Md

B.(b) Name of husband or wite Louise D. Frazier

Dec. 26, 1891

18. Usual occupation Owner Wholesale Nut Product

City or town Silver Spring.
(If outside city or town limits, write RURAL and give nearest town)

MURRELL BAGSHAW FRAZIER

8.(a) Single, married, widowed, or divorced

.6.(c) If alive, give age yes

If less than one day

Bate thereof...June 7, 1948.
(month) (day) (year)

married

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18. Funeral director	axma	w E. C	Cum	show Du
Address 8434 Ga.	Ave	Silver	Spring	Md.
19. Date rec'd by registrar)	19 48	Joseph	enote (Pelveffer Registrar

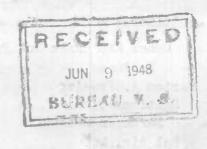
Address 305 Lanark Way, Silver Spring, Md.

	3. (b) Social Securi	te Number		
	3. (0) Social Securi	o. (0) bottai becarry reader		
MEDIC 20. DATE OF DEATH	Sune 194	8 = 5:40		
21. I CERTIFY that death occurred on	date above stated; that I attended d	eceased from		
Immediate cause of death	· / /	DURATID 2-3 m		
Bue to Comment	thumbrei	3 m		
Bue to Cornary	silevais			
Other conditions				
(Include pregnancy	within 3 months of death)			
Major findings of operations				

Antepsy results		ed statistically.		
22. VIOLENCE: If death was due to e	xternal causes, fill in the following:			
Accident, sulcide, or homicide	Date of			
Where did Injury occur?(City	or town) (County)	(State)		
Injured at home, farm, Industry, public				
	Injured at work?			

information carefully. The of death clearly and legibly

ly every item of write the causes ADING INK. Supply Physicians: please wr WITH UNF



give nearest town)

DURATION

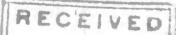
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	FE OF DEATH Reg. Dist. No. 22
1. PLACE OF DEATH: County NA ON HOUSE City or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 7. 10 VVI 0 V 100 V
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W m	20. DATE OF DEATH TUYLE 8 19.48 at 7
6.(b) Nams of husband and Alberts. Satley 6.(c) If alive, give age years 7. Birth dats of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
deceased (mo., day, yr.) 17 2 4 2 5 1 8 7	Immediate cause of death oronany thram trans
9. Birthplace	Due to texcampaged or texis veresis /
12. Name Toky vy Hoge 13. Birtholace Logan Co., Ohio	Other conditions Obesity
14. Maiden name Margaret Farrington 15. Birthplace Madison Co. Ohio	(Include pregnancy within 3 months of death) Major findings of operations
Address 4509 Hanling have Betheed 17. Burial (Burial, cremation, or removal, Which?) Date thereof June 11, 191181	Actopsy results
Cemetery or crematory Rock Creek Cemetery	Where did injury occur?
18. Funeral director Wim Renson Lumphrey	Means of Injury Injured at work?
Address Bethesda, Maryland 19. 6/10 19. 48 (Date rec'd by registrar) Registrar	23. SIGNATURE Brush Dongaria M. D. or othe M. D. or othe Date signed a

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charged statistically.



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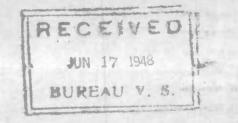
2411 N. Charles St., Baltimore

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Reg Dist No 2/7

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 1/104+90Mery	1 1
City or town (If outside city or town limits, write RURAL and give nearest town)	O'O'N' THE STATE OF THE STATE O
New long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 8/6 Diers Mill Ad.
The Montgomery younty Yeneval Hospital of	(If rural, give LOCATION)
How long in hospital or institution? Zhis 40.194.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. William Gettings	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married.	20, DATE OF DEATH JUNE 15 1948 21 11:10 A.M
6. (b) Name of husband or wife Mrs. Lillian Gettings	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	JUNE 15 1948 10 JUNE 15 1948.
7. Birth date of	and that I last saw h AM alive on July 2
deceased (mo., day, yr.) /- 4494 23, 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cardiac Vailure 5 min
63 9 22hrsmin.	
m · M · M	Busto Shock during an operation 5 hours
9. Birthplace Many Co. Mary Land. (Town/county, shd state)	Due to the state of the state o
10. Usual occupation Painter	You peryorated gastric ulcer
10. Usual occupationxxx	Due to
11. Industry or business	
E 12. Name Frank Gettings	Other conditions QENEVAL PERATOR, +15
13. Birthplace Rock bille, Maryland	
14. Malden name Frances Bean	(Include pregnancy within 3 months of death)
m	Major findings of operations Personation of wicer or
≥ 15. Birthptace ///uryland.	lesser Curretule or Stomachete of on 6-15 48
18. informant flosfital records	Autopsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 1 6-12-48	22. VIOLENCE: If death was due to external caoses, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Backerulle Linna	Where did injury occor? (City or town) (County) (State)
R P A Con A	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director 12 Men Sensen Landhrey	Means of Injury Injured at work?
Address Bother das and	habi (TW. Rind)
1 15 P 0 10 P	23. SIGNATURE M. D. se other
19 6 - 13 19 48 Blacuster few	Sandy Shing Md 6/15/49



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CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Lillian R. Je	lelivist 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE DF DEATH June 24, 19 48 at 7:20
6.(6) Name of husband or wife Thomas L. Gilchrist 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) July 4, 1872	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 47 , to 24 19 48 and that I last saw half allow on 18 48
8. AGE: Years Months Days If less than one day 75 11 20 min.	Immediate rause of death DURATION
9. Birthplace	Due to B cerebil hughy
12. Name Leonard Ward 13. Birthplace Illinois	Dther conditions
13. Birthplace Illinois	(Include pregnapty within 3 months of death)
E 14. Malden name Tobithia Graham	Major findings of operations.
	Date of op.
t6. Informant Mrs. Lillian G. Sime	Autopsy results
Address 1111 Flower Ave., Takoma Pk, Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
burial ships Date thereof June 26, 1948. (Burial, cremation, or removal, Which?)	22. VtOLENCE: It death was due to external causes, till in the following; O Accident, suicide, or homicide
Cemetery or crematory Memorial Cemetery	Where did Injury occur?
Location Oklahoma City, Oklahoma	Injured at home, farm, industry, public place (where?)
18. Funeral director The S. T. Thinks (8	Mesns of Injury Injured at work?
Address 2901 14th St M.W.	23. SIGNATURE The At. Wolchim In D

PLAINLY, WITH UNFADING INK. Supply every item of information carefullise specially important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING

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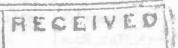
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JUL 1 1948

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Diat. No. 7	
1. PLACE OF DEATH: County	State	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced female white widowed	MEDICAL CERTIFICATION 4:15.	
6.(b) Name of husband or wife	6 1 2 4 X 10 10 6 5 7 9 10	
9. Birthplace Baltimore Maryland (Town, county, and atate) 10. Usual occupation Housewife, retired	Due to. 2 Art Novel 13 July 20	
12. NameJohn McCullough 13. 8irthptace Ireland 14. Maiden nameMaryColeman 15. Birthplace Ireland	(Include pregnancy within 3 months of death) Major findings of operations.	
Address 2916 Wheaton Rd., Wheaton, Md.	PHYSICIAN: Pfease underline the cause to which death should be charged statistically 22. VIOLENCE: It death was due to external causes, till in the following:	
17. Burial Date thereof Tune 26,1948 (Burial, cremation, or removal, Which?) Cemetery or crematory St. Mary's Cemetery Location Rockville, Md.	Where did injury occur?	
18. Funeral director. Waxnax & Fumplican S. Address 84.34 Georgia Ave., Silver Spring, Md. 19 June 75 19 48 June Market Control of Page 1876 1987 1988 1988 1988 1988 1988 1988 1988	Means of injury injured at work? 23. SIGNATURE M. D. or other Address Date signed 5. 12	

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JUL 1 1948

2411 N. Charles St., Baltimore

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Dint	No		

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) Chevy Chase (If outside city or town limits, write RURAL and give nearest town) How tong In above place of dealh?..... Hospital, institution, or street address where death occurred: How long in hospital or institution?.. 3. (a) FULL NAME HARR BEACH MARTHA 6.(a) Single, married, widowed, or divorced 4. Sex 7. Birth date of deceased (mo., day, yr.) Days If less than one day Months 8. AGE: Years .. hrs. (Town, county, and state) 1D. Usual occupation 11. Industry or busines 13. Birthplace 14. Maiden na 15. Birthpiace 14. Maiden name Date/thereof. 18. Funeral director Address

2.(a) If veleran, name war				
		3. (b) Social Se	curity Number	
			10300	
/)		TIFICATIO		_
D. DATE OF DEATH.	me	Z 8 19	48 173	= /
21. I CERTIFY that death occurred on th		ated; that I alter	ded deceased from	./
Jan 28	19 40	10	ene 28 10	4
and that least saw h er alive on.		ue/2	8 19	4
mmediate cause of death	0		DURA	TION
Urem	ia	~	60	129
A	7	1		/
Due to Chronic	MARK	ules	5-50	R
)ue ta				
	,	11		
Other conditions Cerelly	al Z	armely	cis 10 me	006
o RX 14e	uch	lesia		
(Include pregnancy	within a mont	hs of death)		
Major findings of aperalians				
		Date of o	p	
Antopsy results				
PHYSICIAN: Please underline the ca	nse to which	death should be	charged statistically.	
2. VIOLENCE: tf death was due to ex	ternal causes,	filt in the following	g;	
ccident, suicide, or homicide		Dale	of	
Where did injury occur?(City o			(State)	
njured at home, farm, Industry, public				
	place (where	')		
Meens of Injury		Injured at wo		

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Date rec'd by registrar)

information carefully of death clearly and

ADING INK. Supply every item of Physicians: please write the causes

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JUL 1 1948 BUREAU V. S.

N.	Charles	St.,	Baltimore	61
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DIM No	G	1.1	HIN 25	1949CERTIFICATE	OF	DEATH

Reg. Dist. No. 216

HUM 110. G 11	JUN 25	1948		Keg. Di	
(If outside city or it How long in above place of death? Hospital, Institution, or efreel address US Naval Hospi How long in hospital or institution? 3. (a) FULL NAME	da (rural own limits, write F 5 month where death occurred tal, Both	URAL and give nearest town) 15, 26 days 1: 16 day, Md. 16 days	City or town. (If outside city or town lim Street No. 1012 Sisgsbee (If rural, gi	CountyDA	
HARRISON, Robe					
4. Sex 5. Color or rac	e 6.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICAT	
Male White	Ma	arried	2D. DATE DF DEATH		
011111111111111111111111111111111111111		c) If alive, give ageyea	y December 1	9.48 , 10.5	
8. AGE: Years Months	Days	If lese than one day	Tuemoura - Bro	ulin	
64 . 9	8	hrsmir		and the	
13. Birthplace	mployed Oliver Va•		Dther conditions	8 months of death)	
18. Funeral directorTIMOT	Date then Arling ton, Va. HY HANLON E. Washin	N E., Wash., D.C. 6-9-48 (month) (day) (year) rton National RPC	PHYSICIAN: Please underline the cause to 22. VIOLENCE: It death was due to external a cident, suicide, or homicide	(where?) (Courtenance) Injured	
(Date rec'd by registrar)		Registra	Address		

State D.C. County	•••••
City or town	
Street No. 1012 Sisgsbee Place, N.	E.
(If rural, give LOCATION)	
2.(a) If veteran name war. XX Sp.Amm.	V
3. (b) Socia	l Security Number
MEDICAL CERTIFICAT	ION
r Toma	10 550
2D. DATE OF DEATH. 5 June	19
21. I CERTIFY that death occurred on the date above etated; that I a	
9 December 19 148 16 5	June 19 40
and that I last saw h im alive on 5 June	19 48
	BUDATION
Immediate cause of death	2 0
michonia-processo	LI Jangs
would, Sufected, amparation, a	Fleq 10 weeks
Juma dight cause of death Thermonia - Brouchs Ground, Infected, ampartition, a Due to arterioscherosis, general	J
Due to Distretes Welliter	300000
Due to Olavella Malline	30 years
Dither conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	
Date	of op
Autopsy results Same	
PHYSICIAN: Please nuderline the cause to which death should	be charged statistically.
22. VIOLENCE: It death was due to external causes, till in the follower.	
Accident, suicide, or homicide	ate of

W. A. DINSMORE, Lt Cdr. MC

(County)

Injured at work?

M. D. or other ... Date eigned 6-5-48

WRITE PLEASE

WITH UNFADING INK. Supply every item of information careful. The important. Physicians: please write the causes of death clearly and legib

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Rog. Diec. No.
1. PLACE OF DEATH TO THE TOTAL	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Montgomery
How long in above place of death?	City or town Olney (If outside city or town limits, write RURAL and give nearest town)
Hopertal Institution, or street address where death occurred:	Street No. None (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war None
3. (a) FULL NAME Elkel S. Hawkins	3. (b) Social Security Number Unknown
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 6/25/ 1946 P.
6, (6) Name of husband or wife Rodys / tes Bris	21. I CERTIFY that death occurred on the date above stated; that I attended disceased from
7. Birth date of deceased (mo., day, yr.) 4/14/18 9 2	and that I last saw h. Z. alive on 2 8 DURATION
8. AGE: Years Months Days If less than one day 5 6 2 14	scuts Hepitatis slay
9. Birthplace Joseph (Town, county, and state)	Due to acute Panercallis
10. Usual occupation. Sallely on the sallely of the	Duoto Parlise Bulpson toly.
12. Name Las a. Spates 13. Birthplace my	Dither conditions myrcastes occite
E 14. Maiden name Telava Breaky	(Include pregnancy within 3 months of death) Major findings of operations The Major findings of operations operations of operations of operations operations operations of operations opera
16. Informant Company Howkons	Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Oline, Date thereof. July 1, 1948 (Burial, cremation, or removal, Which?) (month) (day) (year)	and MANUEL II death was due to external squares till in the following:
(Burial, cremation, or removal. Which?) Cemetery or crematory Rockville Union Cemetery	Where did injury occur?
Location Rockville, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director W.M. Kanders Tunghay	Means of Injury Injured at work?
Address Rockville, Maryland	23. SIGNATURE. M. D. or other
19. 6-28 1848 Gerlinde B Lawler (Date ree'd by registrar) Registra	1 X 1 Ch 2 2 6/25/

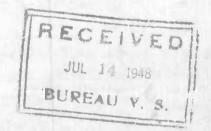
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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

Me correct age

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Bonley many	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 4 months	(If outside city br town limits, write RURAL and give neares town)
Hospital, Institution, or street address where death occurred:	Street Ho. 1180 Grand View and Sul you in
1/801 Frank Frew and	(If rural, give LOCATION)
How long in hospital or instilution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wilson Thomas Tonce	578-18-6482
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE OF OEATH S Screen 19 4 Cat / P N
and Thomas Heale	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
6,(b) Name of husband or wife	10 may 19 48, 10 & June 19 48
7. B r h date of	and that I last saw h
deceased (mo., day, yr.) 31 July 1868	Immediate cause of death
8. AGE: Years Months O Days If less than one day	Cardine Occompensation 5.6 m
79 10 8hrsmin.	
9. Birtholace Travalish montzomen me	Due to Arterios ?
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
12. Name Mortgoney (. had	Olher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sauch Mullican	
14. Maiden name Sach Mullian 15. Birihpiace Manyland	Major findings of operations.
Band 18 Howless	- Oate of op.
16. Informant	Antopsy results
Address 11 10 Trank View and Sel. Spr	22. VIOLENCE: If death was due to external causes, fill in the following:
(Bural, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
I Dia o Vi & Character	
Cemetery or crematory	
Location Wood Land	Injured at home, farm, industry, public place (where?)
18. Funeral director Abut all trattingly	Meens of Injury Injured at work?
Address 131-1120 MXX E Wash 100	Decal On Colon Das
	23. SIONATURE M. D. or other
19. June 8 18 48 Josephen M. Schaeffer	laddress Silver Spring my Bate stoned? I have 41
// // // // // // // // // // // // //	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and regibly. MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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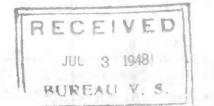
CERTIFICAT	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery City or town Takoma Pank, mad (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death?	City or lown Takoma Park, and. (If outside city or town fimits, write RURAL and give nearest town) Street No. 607 Carland Ave T.P. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Un named Baby Hermann	3. (b) Social Security Number
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced S.	MEDICAL CERTIFICATION 20. Date of Death 6-29 1948 1 72 m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-28-1948 to 6-29-1948. and that I last saw h. R. F. alive on 6-29-1948.
deceased (mo., day, yr.) 8. AGE: Years Months Days If iess than one day	Immediate cause of death COMganital de Formities DURATION Out of death Comganital de Formities DURATION
9. Birthplace Takoma Park ML (Town, county, and state) 10. Usual occupation	Due to Ottelestani lungo:
12. Name. Mr. Arthur F. Hermann 13. Birthplace Providence RI 14. Maiden name. Mary Ann Calli	Other conditions. Others and the state of death) Others and the state of death)
X 15. Birthplace	Major findings of operations. Date of op.
16. Informant Chart Address	Antopsy results
17. Burish Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Mount Clinet Cemely Location Bendensburg Road, N. E. Washington, D. C.	Where did injury occur?
18. Funeral director. De Carefus Walters	Msans of Injury Injured at work?
19. WAL 79. 19.48 / MAN DOST	23. SIGNATURE M. D. or other Address Falagura Paela Melate signed 6-29-48

MARGIN RESERVED FOR BINDING

NFADING INK. Supply every item of information carefully. of. Physicians: please write the causes of death clearly and

PLAINLY, WINE UNF. is especially important.

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. I	Dist. No. 218
City or town	2. USUAL RESIDENCE (HOME) OF DECEASED (For newborn infents give residence of mother) State	(Serval)
How long in hospital or institution?	2.(α) If veteran, name war	
3. (a) FULL NAME Idellas mar Ho	3. (b) Soc	ial Security Number
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced 6.(b) Name of husband or wife	20. DATE OF DEATH	19 5 2 21 9 2 4
7. Birth date of deceased (mo., day, yr.) 30 9 8. AGE: Years Months Days It less than one day	and that I last saw h	19 OURATION
- 4 //hrsmi	n. Due fo. About is	
9. Birthplace	Due to	
11. Industry or business 12. Name	Other conditions	
13. Birthplace 14. Malden name 15. Birthplace 16. Birthplace	(Include pregnancy within 3 months of death	
16. Informant Lawis Berkwik Address Lewis mod	Autopsy results	le 01 op.
17. But 15-48 (Burial, cremation, or regoval, Weeh?) Cemetery or penatory. Date thereof faul 15-48 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide. Where did Injury occur?	Date of State) (State)
18. Funeral directed Por 3V Barber	Injured at home, farm, Industry, public place (where?)	ed at work?
Address Hagensulle mil	23. SIGNATURE SIGNATURE	M. D. or other
Date rec'd by registrary	Address destilent	Date signed Law 11-4

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and leg them. MARGIN RESERVED FOR BINDING

A15 SA

RECEIVED

JN 14 1948

BUREAU V. S.

VS A15

MARVIAND	STATE	DEPARTMENT	OF	HEALTH
MAKILAND	DIAIL	DEFARIMENT	OL	UEALIU

2411 N. Charles St., Baltimore

	6	3	3	5			
00	Dia	ıt.	No	7	- (4	

CERTIFICATE OF DEATH

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
Cily or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	StateMaryland				
	or street address where t			Street No. 204 Eastwood Ave				
204 East	wood Avenue		***************************************	(If rural, give				
tow long in hospital	or Institution?		······································	2.(a) If veteran, name war				
3. (a) FULL NAM					3. (b) Social Security	Washan		
s. (a) I OLL MAN	A M				3. (0) Social Security	Mimoer		
	NNE S. HOLM	BERG			none			
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	1110		
female	white	11	arried	20. DATE OF DEATH.	3 48	14 P		
					10			
6.(6) Name of husban	d or wifeJohnE	. Holm	berg	21. I CERTIFY that death occurred on the date ab		13 48		
			e) If alive, give ageyears	May 25	1 1 1 2	19.		
T. Birth date of				and that I last saw h 27alive on		19.7.0		
deceased (mo., day,		Days	I If less than one day	Immediate cause of death	ias failing	DURATION		
o. Adu.					k	3 days		
	2 4	12	hrsmin.		***************************************			
9. Birthplace Paris, France (Town, county, and atate)				Due to Mealing		3 M/02		
				1A 000	0 .			
1D. Usual occupation	Housewife	A		milleral otolo	by Carcino	9		
11 Industry or hucing	ss Own Home			11182000 100	Lucaent	1041		
				Other conditions	***************************************			
13. Birthplace	Paris, Fran	ice		(Include preschancy within 3,	menths of death)			
当 14. Maiden name	Delphine	Unknow	70	Major findings of operations	to Care alege	- C		
				Major findings of operations.	0.111. 711			
≥1 15. Birthplace	Paris, Fran	ice		usor winery to	Leading Date of op Miles	h. 29. h. 2		
16. Informant. J.Oh	n B. Holmbe	rg, Ma	j. USA retired	Autopsy results				
Address 201	Eastwood Av	re Si	lver Spring, Md.	PHYSICIAN: Please underline the cause to w	hich death should be charged	statistically.		
	No.			22. VIOLENCE: If death was due to external car	uses, fill in the following;			
17Burial erematio	on, or removal. Which?)	Date there	month) (day) (year)	Accident, suicide, or homicide				
			onal Cemetery	Where did injury occur?(City or town)				
					//	(State)		
				injured at home, farm, industry, public place (w	0 / 1			
10 Eugenal discrime	Whomas &	P	mporey and	Means of Injury	tnjured at work?			
			0.	/ Thell	7 / 7	4/ 1/		
Address 8434	Ga. Ave.,	Silver	Spring, Md,	23. SIGNATURE	· cup	7:0.		
	110	Joel.	herette Debolffe	Cour Vicion	X 1. 1. 1. 1/5. 1.	or ches 12		
19. Date rec'd by r	egistrar)	1	Registrar	Address 9/5	Date signed.	7/2/48		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

6336

CERTIFICATE OF DEATH

Reg. Dist. No. 2/1

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County MONTGOMERY	State M.D. County M.ONTGOMERY			
City or town (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)			
Hospitat, institution, or street address where death occurred:	Street No.			
	(If rural, give LOCATION)			
How long in hospital or institution?	2.(a) tt veteran, namo war			
3. (a) FULL NAME	3. (b) Social Security Number			
4. Sex 5. Color or racs S. (a) Single, married, wildowed, or divorced	NE			
4. Sex 5. Color or racs S.(a)Single, married, widowod, or divorced	MEDICAL CERTIFICATION			
MALE WHITE MARRIED	20. DATE OF DEATH June 1/ 1948 at 2,30 P. M			
B.(b) Namo of husband or wife MINERVA C. HORINE	21. I CERTIFY that death occurred on the date above stated; that hattended deceased from			
	XI LAND IN LIV VILLED II VOT			
7. Birth date of	and that I last saw h. i.m. alive on June 7 1945			
deceased (mo., day, yr.) 8-3/-/864	Immediate cause of death			
8. AGE: Years Months Days If less than one day	Coronary occlusion 2 yra			
83 10 7hrsmin.				
9. Birihpiace BURKETSVILLE MD.	Bue to auteria x clerosic 10 yre			
(Town, county, and state)				
10. Usual occupation FARMING	flue to			
11. Industry or business				
E 12. Name & O.H.N. A. HORINE	Dither conditions.			
\$ 13. Birthplace FREDERICK CO. MP.				
14. Maiden name ELIZEBETH GROVE	(Include pregnancy within 3 months of death)			
14. Maiden name FAIZEBETH GROVE 15. Birthplace FREDERICK CO. 16. Informant MINERVA C. HORINE	Major findings of operations.			
FIT 13. DIFFINITION FOR COLOR COLOR COLOR	Date of op.			
	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
Address NYATTSTOWN M.D.	22. VIOLENCE: tf death was due to external causes, fill in the following:			
17. Burkl A Bate thereof (month) (day) (year)	Accident, suicide, or homicide			
Cemetery or crematory H.Y.A.T.Z.S.T.O.W.N.	Where did injury occur?			
Location HYATT-870WW MD	(City or town) (County) (State)			
18. Funeral director W. A. B. J. R. P. F. T. T. B.	Moans of injury tnjured at work?			
	0 100 110			
Address HYATTSTOWN MP.	23. SIGNATURE Circle P. Roop New,			
19 June 12 19 88 della OV Ogurdet	Marin Market Med M. D. of other			
(Date rec'd by registrar) Registrar	Address Dato signod Dato signod			

BELASO SC STADISTICASO

JUN 15 1948
BUREAU V. S.

VS

MARYLAND STATE DEPARTMENT OF HEALTH &

2411 N. Charles St., Baltimore

462

Registrar Address 3,921 day anna 29 Date signed 6-5-48

6337

CERTIFICATE OF DEATH

	2008				
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Montgomery	State Maryland county Montgomery				
Cily or town					
How long in above place of death? 30 yrs	City or town. Bethesda. (If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred: 901.601dGeorgetownRoad	Street No. 9016 01d Georgetown Road (If rure), give LOCATION)				
How long in hospital or institution? None	2.(a) It veleran, name war. NO				
3. (a) FULL NAME	3. (b) Social Security Number				
John Lewis Imirie	579-01-9974				
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male White Married	20, DATE OF DEATH June 5, 1948 19 21 1:504				
6.(b) Name of husband or wife. Christena E. Imirie	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from				
6.(c) If allve, give age 51 years	Jan 15, 13 48, 10 June 5 19 2				
7. Birth date of deceased (mo., day, yr.) December 23, 1896	and that I tast saw harman alive on				
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION				
51 51 5 12hrsmin.					
9. Birthplace Washington, D. C. (Town, county, and state)	Due to				
to. Usual occupation Printing and Office Supplies					
tt, industry or business None	Due to				
E 12 Name Peter Imirie	All an analytican				
13. Birthplace Washington, D. C.	Uniter Conditions				
	(Include pregnancy within 3 months of death)				
Washington D. C.	Major fiediogs of operations Caremoneus Calon al				
t4. Malden name Margaret Batchen t5. Birthplace Washington, D. C. 16. Informant Mrs. Christena E. Imirie	-lepotre flegers Date of op 2/3/46				
	Actopsy results				
Address Bethesda, Maryland	22. VIOLENCE: II death was due to external causes, till in the tollowing:				
Burial Burial Bate thereot June 8, 1948 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide				
Cemetery or crematory Glenwood Cemetery	Where did injury occur? (City or town) (County) (State)				
legation Washington, D. C.	Injured at home, farm, Industry, public place (where?)				
18. Funeral director WM. Rawlson Pumploney	Means of Injury Injured at work?				
Address Bethesda, Maryland					
OVE 7	23. SIGNATURE Salary Bourasso Ed.				
19. 6 (6) (Date rec'd by registrar) 18. 4 8 //m & Jobes Registrar	Address 3,921: Clare or Man 19/ Bate signed 6-5-4				

JUN 11 1948

BUREAU V. S.

A15 N PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

164 C

CERTIFICATE OF DEATH

Reg. Dist. No.2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Monday or willy	(For newborn infants give residence of mother) State Man Land County Man County
City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles William	ohnson 2/3-12-17/9
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White married	20. DATE OF DEATH 20 19 56 21 5.50 Am
netti du de de son	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	Delp med France 19.
7. Birth date of	and that f last saich allve on 19
deceased (mo., day, yr. cufust /4 /8 84	Immediate cause of death
8. AGE: Years Months Days If less than one day	Yun shot wound dud
63 9 25min.	Thru skulls me to so
9. Birthpia Colffer Julkefur Na	Due to purcida /
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business / 2 Chro	
12. Name (lgernon) ofmon	Diher conditions
12. Name Anna Anna Anna Anna Anna Anna Anna Ann	
	(Include pregnancy within 3 months of death)
14. Malden name 11 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Major findings al aperations.
≥ 15. Birthplace	Date of op.
16. Information / letter formation	Antapsy results.
Address Damesens mg.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 11 1911	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or conoval, Which?) Date thereof	Accident, suicide, or homicide, Date of Co
Cemetery or Trematury Proffsolower	Where did Injury occur? (City or town) (County) (State)
It money On med	Injured at home, farm, Industry, public place (where?)
Location	Means of Injury Shade The Injured at work?
18. Funeral director	
Address X aftonsible red	Frank J Browshart move
Sun 10 48 JUNA WBA Telle	23. SIGNATURE . Lean M. D. or other
19. (Date red d by registrar) Registrar	Address Dan Thunk mel Date signed 9-10-48



Comments Super States

July 15 1948

BUREAU V. S.

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MARGIN RESERVED FOR BINDING

10 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

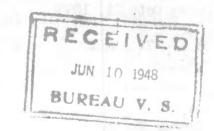
2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No. 414

). PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Hollywood Avenue
Hollywood Avenue	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
PAULINE M. KELLY	578-32-5231
4. Sex 5. Color or race 6.(a) Single, married, widowed, or c	MEDICAL CERTIFICATION
female white married	20. DATE DE DEATH
6.(b) Name of husband or wife Harold .L. Kelly	21. 1 DEN 191 Institute of the date states. The translation of the date states.
	years and that I last say h. alive on case 19
7. Birth date of deceased (mo., day, yr.) Oct. 25, 1893	Immediate cause of death. DURATION
8. AGE: Years Months Days tf less than one day	
54 7 10hrs.	min. O menary orches
9. Birthplace McKinney, Ky (Town, county, and state)	uue to.
10. Usual occupation Housewife	
11. Industry or business	Due to
F	
	(Include pregnancy within 3 months of death)
14. Malden name Margaret Victoria Bibb	Major findings of operations.
15. Birthplace Bristol, Tenn.	Oate of op.
16, Informant Harold L. Kelly	Antopey results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Hollywood Park, Silver Spring	22. VIOLENCE: If death was due to external causes, till in the following;
Burial Date thereof June 9. (Burial, cremstion, or removal. Which?)	lay) (year) Accident, suicide, or homicide
Cemetery or crematory. George Washington Memori	
Location Riggs Rd., Pr. Geo. Co., Md.	Internal of months
18. Funeral director Unener & Pumphray	Means of Injury Injured at work?
Address 8434 Ga. Ave. Silver Spring.	Trank Drose hart M.V.
** ^ ^ - 6	Shaelle 23. SIGNATURE
19. Glema 7 19 48 Josephino 4 de	
(Pate rec'd by régistrar)	Registrar Address Date signed Co. Land



MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Montgomery City or town Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 70 years Hospital institution, or street address where death occurred: 6708 Wilson Lane How long in hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State
3. (a) FULL NAME WILLIAM HENRY KENNEY	3. (b) Social Security Number
Male S. Color or race 6.(a)Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lanended deceased from 30 19 4 to 30 19 and that I last saw h. Silve on 19 Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day 83 83 11 13	Comball Southhand 3 for
9. Birthplace Frederick Co., Maryland 10. Usual occupation Retired Farmer 11. Industry or business None 12. Name Solomn Kenney 13. Birthplace Frederick Co., Maryland 14. Maiden name Mary Beard 15. Birthplace Frederick Co., Maryland	Due to
Address Bethesda, Maryland 17 Burial Burial Bate thereof. July 3, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory Potomac Methodist Cemetery Location Potomac, Montg. Co., Maryland 18. Funeral directory Address Bethesda, Maryland 19. (Date fee'd Dy registrar) Registrar Registrar Registrar	Autopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

JUL 6 1948 BUREAU V. S.

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				6	11	th	au	0
	MARYLAND	STATE	DEPART	MENT	OF	HEA	LTH	
•	DECEMBER 1	CAPPI	COD	CODY	-	-	-	

BALTH 159 Reg. Dist. No. 217

CERTIFICATE OF STILLBIRT

y still birth of 20 weeks' gestation or more (see stub)
2. USUAL RESIDENCE OF MOTHER:
County Montgomery City or town Silver Spinne (If outside city or town limits, white RURAL and give nearest town) Luc. Street No. P=2 Fairland (If RURAL give LOCATION)
4. Date of birth June 17 1948 Hour 9:00 P.M. 7. No. of weeks pregnancy 21 weeks
12. Full maiden name Esther Regera Hove 13. Color White 14. Age at time of this birth 25 yrs. 15. Usual occupation Housewise
et (a) How many children of this mother are now living? 2 ad?
21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Cannot delimination.
(b) Maternal causes
22. I certify to the birth of this child who was born dead* on the date and hour above stated: Signature (Specify if M. D., midwife, or other)
Address Saudy Spring, Md.
25. (a) 6 - 18 - 45 (b) Settrude 13 January (Registrar) 26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
Health Officer, per

JUN 30 1948

PUREAU V. S.

2411 N. Charles St., Baltimore

1600

6342

CERTIFICATE OF DEATH

Rog. Diat. No. 216

1. PLACE OF DEA		taomer	y	2. USUAL RESIDENC	CE (HOME) 0	F DECEASED:	
City or town(If o	utside city or town i	ethesd	a (rural) RURAL and give nearest town)	City or town	lington	, write RURAL and give near	
Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How tong in hospitat or institution?					(If rural, give		V
				2.(a) tt veteran, name war.			2
3. (a) FULL NAME		KIR	KIAND, William Ch	narles, Jr.		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced		MEDICAL CE	ERTIFICATION	
male	W-US		single	2D, DATE DF DEATH	7 June	19 48	. 5:59A
	-		(A) (A.) (A	lı June	19.	ve stated: that I attended decease 18 , to 7 June	19. 48
7. Birth date of deceased (mo., day, y	1.	June 1	(c) If allve, give ageyea .948	and that I last saw hth		7 June	
8. AGE: Years		Days 3	If tess than one day		······································	anial myur	DURATION
1D. Usual occupation	s	•••••••	nd (rural) state) C.	Due to	rone ha br	eumonia	
13. Birthptace	Ga.	7			pregnancy within 3 r		
H 14. Malden name	QUEEN, E			Major findings ol operation	008	ADGe of og	
			m C. Kirkland Arlington, Va.		erline the cause to wl	nich death should be charged st	tatistically.
17. buri	al.	Date the	reof. 6-8-118 (month) (day) (year)	22. VIOLENCE: If death Accident, sulcide, or hombo	cide	ses, fill in the following; Date of	
	y Arlir		lational	Where did injury occur?	(City or town)	(County)	(State)
1	lington, T		. 44 0	Moons of injury	ustry, public place (w	Injured of WOTK?	
	orgetown,		948		PAUL PET	ERSON, Capt. MC	USN
19. 6-7-	1948	ha Mar	C. Patterson	23. SIGNATURE USNH	Bethesda, M	M. D. o	other

RESERVED FOR BINDING

MARGIN

JUN 16 1948

BUREAU V. S.

MARGII	WITH UNFADI
I	WITH
M01-0-4	WRITE PLAINLY,
VS A15	PLEASE

Y. PLACE OF D	FATH:		2. USUAL RESIDENCE (HOME) OF DECEASED.	-
county Mante	omery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. Bet	hesda, Ma	ryland mits, write RURAL and give nearest town)	State Maryland county Montgomery	
How long in above pla	ce of death?	mo.	City or town Bethesda (If outside city or town limits, write RURAL and give nearest to	wn)
	or street address where	enue.	Street No. 4615 Chestnut Avenue	
		le	(If rurat, give LOCATION)	
3. (a) FULL NA!			3. (b) Social Security Numb	er
	Mrs. E	Omma R. Kline	None	
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	La E
emale	White	Married	20. DATE OF DEATH SINGLE S 19 48, at	1.44.
S.(b) Name of husbar	d or wite W. E.	Kline:	21. I CERTIFY that death occurred on the date above stated: that I attended deceased tro	
***************************************			8-6-4 to 6-8	19.4
7. Birth date of deceased (mo., day	, yr.) Nover	mber 16, 1895		19.7
8. AGE: Yes	months Months	Days It less than one day	Immediate cause of death. After the second s	OURATION
星525	3. 6	12mie	n. Celeum	
. BirthplaceHa	arrisburg	Pennsylvanie	Due to Coxcurrence of Caetam	*************
ID. Usuat occupation	Hanagarii	Ce	c Orrenomations	************
10. Usual occupation 11. Industry or busin	Nono	*	Due to	
	233	ve '	Other conditions	*************
13. Birthplace	Jnknown		United Conditions	
		Clepper	(Include pregnancy within 3 months of death)	
14. Maiden nam 15. Birthplace	Jnknown		Major findings of operations. Date of op. 7.7.	12-11
16 Internal Mr	W. E. K	line	Autopsy results	TI
	thesda, Ma		PHYSICIAN: Please underline the cause to which death should be charged statistic	cally.
			22. VIOLENCE: If death was due to external causes, till in the tollowing:	
(Burial, crematic	on, or removat, Which?)	Date thereofJine 10,1948 (month) (day) (year)	Accident, suicide, or homicide	************
		reek Cemetery	Where did injury occur?	e)
Location W	ashington	<u>, D. C.</u>	Injured at home, farm, Industry, public place (where?)	
18. Funeral director	week mel	Jungany new	Means of Injury Injured at work?	
Address Be	thesda, Ma	aryland	1577	
11	* 4 67	Jan E a l	23. SIGNATURE M. D. or other	5/ .
19.	o 19 4 0	Begistra		X -4



WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6344 Reg. Diat. No. 216

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County County Cou	/				
Ely or town Betheada It coulds sity or complimate, write RUKAL and give nearest (own) It coulds sity or town limits, write RUKAL and give nearest (own) It coulds sity or town limits, write RUKAL and give nearest (own) It coulds sity or town limits, write RUKAL and give nearest (own) Store Inc. or treat address where subh accurate Suburban Hospital Key long in hespital or institution? It days It could sit or town limits, write RUKAL and give nearest town) Store Inc. or treats and subtraction of the county					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town SALVES Spring City or town Salves Salves Salves Salves Salves	7	Carlota a color			Sizi. Maryland County Montgomery
Second Substitution Substituti	(16 citated a site or town limits, write RURAL, and give percent town)				
Suburban Hospital Row long in haspital or institution? 1.7 days 3. (a) FULL NAME MR. A. WILLIAM KREAMER 4. Sol	How long in above place	of death?	/ days	***************************************	(If outside city or town limits, write RURAL and give nearest town)
SUDUPON DOSPITAL Now long in hospital or institution? 1.7 days 2.(a) FULL NAME MR. A. WILLIAM KREAMER 4. Sex S. Color or race White Married 6.(a) Single, married, videoved, or divorced White Married 20. Date of Death June 19, 1948 5.(b) Name of husband or wife, Mrs. Jane Kreamer 1. Birth date of word or wife, 8. AGE: 1227 Months 5. (c) If allier, give age Mr. min. 8. AGE: 1227 Months 1. Birthplace Williamsburg, Pennsylvania (Town, county, and state) 10. Bussl ocception 11. Industry or business 12. Name. 13. Birthplace Williamsburg, Pennsylvania (Town, county, and state) 14. Maidon name Minmie Dittman Major findings of operations Major findings of operations Major findings of operations Major findings of operations Minmie Dittman Major findings of operations Minmie Date thereof. (Include programmy within 3 months of death) Major findings of operations Date of op. Anthony results Major findings of operations M	L unahirai' ingritariou! ni	Sticci sanicas Munic	SCRIN DOCUME	d:	Street No. 9011 Linton St.
3. (b) Social Security Number 4. Soz. Male S. Color or race Male White Married 6. (c) Name of bushand or wife Mrs. Jane Kreamer 5. (d) Halve, give age 6. (e) Halve, give age 7- Birth data of deceased (no., day, yr.) November 20, 1888 8. AGE: Veri Menth: 5. (c) Halve, give age 8. AGE: Veri Menth: 5. (e) Halve, give age 9. It less than one day 5. (f) Halve, give age 19. Mrs. 10. Birthplace Williamsburg, Ponnsylvania. Crown, may, and sales.) 11. Industry or business 12. Name Milliams Kreamer 13. (include pregnancy within 3 months of death) Major findings of operations. Major findings of			***************************************	***************************************	
MR. A. WILLIAM KREAMER 5. Solicy or race Male White Married 6. (6) Name of hurband or wife. Mrs. Jane Kreamer 5. (6) Name of hurband or wife. Mrs. Jane Kreamer 6. (6) Name of hurband or wife. Mrs. Jane Kreamer 7. Birth date of deceased (me., day, yr.) 8. AGE: Vears Menths 59 6 29 hr. min. 9. Birthplace Williamsburg, Pennsylvania (Town, county, and states) 10. Usual occupation. Civil Engineer 11. Industry or business 12. Name. William Kreamer 13. Birthplace Williamsburg, Pennsylvania (Town, county, and states) 14. Madden name. Minrie Dittman 15. Introduct pregnancy within 3 months of death) Major findings of operations. Majors findings of operatio	How long in hospital or	r Institution?	17 da	NA	2.(a) If veteran, name war
Male S. Color or race Male White Married S. (a) Single, married, widowed, or diverced Married M	3. (a) FULL NAM		WILLIA	AM KREAMER	3. (b) Social Security Number
Male White Married 8.(6) Name of husband or wife. Mrs. Jane Kreamer 1. Birth date of date above wife. Mrs. Jane Kreamer 8. (c) If alive, give age	4. Sox				MEDICAL CERTIFICATION
8. (b) Name of husband or wife Mrs. Jane Kreamer 7. Birth date of deceased (me, day, rr.) November 20, 1888 8. AGE: Years Menths Days If less than one day 59 6 29 h.rs. min. 9. Birthplace Williamsburg, Pennsylvania (Town, county, and state) 10. Usual occupation.	.,	Whatto			
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1. Birth dato of deceased (me, day, yr.) November 20, 1888 8. AGE: Years Months Days If less than one day 59 hrs. min. 9. Birthplace Williamsburg, Pennsylvania. (Town, county, and state) 10. Usual occupation Civil Engineer 11. Industry or business 12. Name Williamsburg, Pennsylvania. 13. Birthplace Williamsburg, Pennsylvania. 14. Maidon name Minnie Dittman 15. Birthplace Gormany 16. Informani Gormany 17. Birthplace Gormany 18. J. Address 18. J. Address 19. J. Amage occupation (Include pregnancy within 3 months of death) Major findings of operations. Major results Physician. Physicians of operations. Major results Physicians of operations. Major results Physicians of operations. Date of sp. Accident, suicide, or homicide. Date of sp. Accident, suicide, or homicide. Date of months of death) Major findings of operations. Major results Physicians of cause to which death should be charged statistically. 22. VIOLENCE If doath was due to external causes, fill in the following: Accident, suicide, or homicide. Date of months of death) Major results Physicians of perations. Date of sp. Accident, suicide, or homicide. Date of country (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Major results Physicians of perations. Major findings of operations. Majo	6 (b) Name of husband	or wife Mrs.	Jane 1	Kreamer	
Surithplace Williamsburg Pennsylvania					1 June 19 48 10 19 June 19 4 2
deceased (mo, day, yr.) 8. AGE: Verry Months 59 6 29 hrs. min. 9. Birthplace Williamsburg, Pennsylvania (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace Williamsburg, Pennsylvania 14. Maidon name. 15. Birthplace 16. Informant 17. (Burni, cremation, or removal, Which:) 17. Complay or capation. 18. Funeral director 19. Address 10. Usual occupation 11. Industry or business 12. Name. 13. Birthplace 14. Maidon name. 15. Informant 16. Informant 17. (Burni, cremation, or removal, Which:) 18. Funeral director 19. Address 19. (City or town) 19. (County) 19. (State) 19. (Mo. or other, Major of death Major findings of operations. 20. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide. 19. (City or town) 19. (County) 19. (City or town) 19. (County) 19. (County) 19. (State) 19. (City or town) 19. (County) 19. (City or town) 19. (City or town) 19. (
8. AGE: Years Months Days If less than one day 59 6 29 hrs. min. 9. Birthplace Williamsburg, Pennsylvania 10. Usual occupation. 11. Industry or business 12. Name Williamsburg, Pennsylvania 13. Birthplace Williamsburg, Pennsylvania 14. Maidon name Minnie Dittman 15. Informant 16. Informant 17. Comotory or capatory 18. Funoral director 18. Funoral director Address 19. Supplied the supplied of the supplie	deceased (mo., day.)	n.) Nove			
9. Birthplace Williamsburg Pennsylvania 10. Usual occupation. Civil Engineer 11. Industry or business Engineer 12. Name William Kreemer 13. Birthplace Williamsburg Pennsylvania 14. Maldon name Minnie Dittman 15. Birthplace Germany 16. Informant Address 17. Complete Green Germany Date thereof. Complete Green Gre	O. 11 GE.			If less than one day	Corprous Occlusion with
9. Birthplace Williamsburg Pennsylvania (Town. county, and state) 10. Usual occupation. Civil Engineer 11. Industry or business Example William Kreamer 12. Name. William Kreamer 13. Birthplace Williamsburg, Pennsylvania 14. Maidon name Minnie Dittman 15. Birthplace 16. Informant Address 17. Cematon, or removal. Which?) 18. Funoral director Address 19. Signature Address 20. Signature Address 21. Signature Address 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Mere did Injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Massas of Injury Injured at work? 23. Signature Address 23. Signature Address 24. Address 24. Address 25. Address 26. Signature Address 26. Signature Address 27. Signature Address 28. Signature Address 29. Signature Address 29. Signature Address 20. Signature Address 21. Address 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide. Signature Address 22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide. Signature Address 22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide. Signature Address 24. Address 25. Signature Address 26. Signature Address 26. Signature Address 27. Signature Address 28. Signature Address 29. Signature Address 29. Signature Address 29. Signature Address 29. Signature Address 20. Signature Address 20. Signature A	59	6	29	hrs min.	
11. Industry or business 12. Name William Kreamer	9. BirthplaceW1]	lliamsburg (Town,	Penns	sylvania state)	
12. Name William Kreamer Dithor conditions Dithor conditio	10. Usual occupation	OTATI DIN	2THOOT.	•••••	Duo to
13. Birthplace Williamsburg, Pennsylvania 14. Maidon name. 15. Birthplace 16. Informant Address 17. Comotory or crematory 18. Funoral director Address 19. Washed at the following: 19. Where did injury occur? 19. Washed of injury occurs of injury of at home, tarm, industry, public place (where?) Map. or other.					
14. Maidon name Minnie Ditiman	当 12. Name	William K	reamer		Dithor conditions
14. Maidon name Minnie Ditiman	13. Birthplace	Williamsb	urg. Pe	nnsylvania	
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Magnes of Injury injured at work? 23. SIGNATURE. 23. SIGNATURE. 24. B.		Minnie Di	l:Iman		(Include pregnancy within 3 months of death)
Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide. Date of Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Magnes of Injury injured at work? 23. SIGNATURE. 23. SIGNATURE. 24. B.	E 14. Maidon name.				Major findings of operations.
Address 17	≥ 15. Birthplace		G	Fmany	Date of op.
Address 17. (Burial, cremation, or removal. Which?) Comotory or crematory. Location Address 18. Funoral director Address 19.48 Address 22. VIOLENCE: If doath was due to external causes, fill in the following; Accident, suicide, or homicide. (City or town) (County) (County) (State) Injured at work? 18. Funoral director Address 23. SIGNATURE 23. SIGNATURE 24. Counter or external causes, fill in the following; Accident, suicide, or homicide. (City or town) (County) (County) (State) Injured at work?	16. Informant	Vife	•••••		Autopsy results
Accident, suicide, or homicide	Address				
(Burial, cremation, or removal. Which?) Comotory or cramatory Location Location Address Address (Burial, cremation, or removal. Which?) (month) (day) (year) Where did injury occur? (City or town) (County) (State) Injured at home, tarm, industry, public place (where?) Injured at work? 23. SIGNATURE 23. SIGNATURE	17 Rem	nel	Date the	red June 20, 1948	
Injured at home, tarm, industry, public place (where?) 18. Funoral director. Address Masses of Injury Injured at work? 23. SIGNATURE. S. B. B. B. B. B. B. B. O. O. or other,	(Burial, cremation	, or removal. Which?)	(month) (day) (year)	
18. Funoral director 24. Welson Bre Os Masas of Injury Injured at work? Address Hush, QC. 23. SIGNATURE S. B. Barreld M.D. or other,	Comotory or cremato	гу			Where did injury occur?
18. Funoral director 24. We change of Masans of Injury Injured at work? Address Hush, QC. 23. SIGNATURE S. B. Barreld M.D. or other,	100 (9-L	(1-19		Injured at home, tarm, industry, public place (where?)
Address Hush, QC. 23. SIGNATURE S. B. Banerfeld M. D. or other,	LOCATION	26 24	p 0.	Res Oc	
1/2 2 46 9km E D D 23. SIGNATURE J. D M.D. or other		-/-			030 01100
1.19 A 46 -WM () . V . a - 1 / 1 / 1	Address	mash	7 4	26 5 0	23. SIGNATURE S. S. H. Savenfeld M. &
	19. (Date read by	2-0 19.48		Mm C Registrar	

JUN 23 1948

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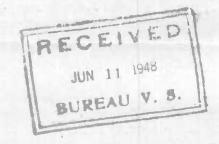
W correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. To is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

9:45-15M VS A15

CERTIFICAT	TE OF DEATH Reg. Dist. No	216
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State OF	2.EE
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME HENRY QUIMBY LAYMA	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
MALE WHITE MARRIED	20. DATE OF DEATH TENE 6 19 18	18:40P M
6.(b) Name of husband or wife DIHARINE HOTALONS 7. Birth date of Section 1997 8. Section 1997 8. Section 1997 9.	2t. I CERTIFY that death occurred on the date above stated; that I atlended decea	
deceased (mo., day, yr.) PPT. P8 1883	Immediate cause of death	DURATION
64 8 9hrsmin.	MASSIVE CEREBRAL	28 May 48
Curtonius man ala	TEMORRIAGE.	
9. Birthplace (Town, county, and state) 10. Usual occupation (Town, county, and state)	Due to Hoffee DISE	1940-
11. Industry or business	000 10	*******************************
12. Name TENRY CLAY LAYNDON 13. Birthplace DEL QUERE	Other conditions	
14. Malden name SUSANNA BROCK 15. Birthplace KENT COUNTY MARY AND	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant Wife -	Autopsy results	
Address 4501 CHASE AVE. BEHESDA MO.	PHYStCIAN: Please underline the cause to which death should be charged to	statistically.
17. (Buried, cremation, or removal. Which?) Date thereof (month) day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide	
Commetery or crematory Touch Constitution Co	Where Aid injury occur?	(State)
18. Funeral director: Deal Luneral Horse	Means of Injury Injured at work?	
Address 4812 Ha Que TIW Wash DC	23. SIGNATURE Emilie Q. Blace	3 m.D.
is. (Date ref. d by Legistrar) 19.48 2ft & Regertrar	M. D. o Address 7936 Georgettwa, Re Date signed	1110
	12thes do, nd -	



Reg. Dist. No ...

3. (b) Social Security Number

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157a

216

CERTIFICATE OF DEATH

2.	USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Sta	te Washington county
Cit	y or town
Str	eet No. Ll102 15th St., N. W.
2.((If rural, give LOCATION) WWII

	LACE OF DEA	Montgo	שיופת		
oun	ty	Dath		•••••	.
ity	or town	Detu	esda (r	URAL and give nearest town)	
	(If or	utside city or town I	mits, write K	27 doors	
OW	long in above place	of death?	z month	s, 27 days	
OSI	ital, institution, or	street address where	death occurred	hesda, Md.	ij
U	. D. IVAYA	IL HODEII	AL, Do	nesua, maa.	
ow	long in hospital or	Institution?	2 m	onths, 27 days	
	a) FULL NAME				-
. (a) FULL NAME	L	EWIS, J	ohn Monroe	
. \$	ex	5. Color or race	6.(a)Single	. married, widowed, or divorced	
	Male				
		Col		separated	_
		Mne	Recei	a Lawis	
i. (b) Name of husband	or wife	*DE834	G#G.11.#.P]
			6.(¢) If alive, give ageyes	ars
	irth date of eceased (mo., day, y	r.) Octob	er 27,	1900	
_	AGE: Years		Days	If less than one day	
	47	7 7	13	hrs m	n.
_	41		1 2		
	Birthpiace Vin	glnia	,		
9.		(Lown	county, and s	tate)	
10	Usual occupation	Jani	tor	******	
-	Industry or business		7.7.2	~	-
	12. Name	Unknown			
Y	13. Birthplace	· un	known		
~			ur	iknown	2.0
Ē	14. Maiden name.			ınknown	
울	14. Maiden name 15. Birthplace			AIR IOWII	
	wife	e: Mrs. Be	ssie Le	wis	
		5th St.,			-
17.	buri	al	Date there	6-15-18 (month) (day) (year)	
	Burial, cremation	, or removal, Which	7)	(month) (day) (year)	
1	Cemetery or cremato	,Arlingto	1 Natio	nal Cemotory (year)	
			lington		
	ocation			50 1//1/	
18.	Funeral director	W. Err	nest Ja	cvis OMOJ.	
	Iddress 7	432 U St.	N. W.	Wash . D.C.	
-	- CC3		144	Cally.	

MEDICAL CERTIFICATION	N
2D, DATE OF DEATH 10 June 19.	48 at 11:58A
21. I CERTIFY that death occurred on the date above stated; that I attend 13 March 19 48 to 10 Ju	ine 19 48
and that I last saw h im alive on 10 June	1945
Immediate cause of death Meningitis	3 months
Due to Intracranial Injury	
Due to	
Other conditions Hydrocephalus and bronch pneumonia (Include pregnancy within 3 months of death)	0
Major findings of operations	
Autopsy results	
22. VIOLENCE: If death was due to external causes, fill in the following	
Accident, suicide, or homicide	f
Where did injury occur?(City or town) (County)	
Injured at home, farm, Industry, public place (where?)	
Means of Injury tnjured at wor	·k?

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

(Date rec'd by registrar)

1. PLACE OF DEATH:

Registrar

USNH Bethesda, Md. Address.....

M. D. or other 6-11-48

AN 16 1948

BUREAU V. S.

ADING INK. Supply every item of information care Physicians: please write the causes of death clearly

PLAINLY is especial

WRITE

BINDING

FOR

RESERVED

MARGIN

2411 N. Charfes St., Baltimore

CEDTIFICATE OF DEATH

			CERTIFICAT	E OF DEATH	Reg. Dist. No	4,6
1. PLACE OF DEATH:	у			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of		
City or town Potomac	city or town lin	nits, write l	RURAL and give nearest town)	State Nashington City or town Washington I (If outside city or town limit Street No. 1418 Somerse	C.	earest town
How long in hospital or institut	ion, 1 yr	. 6	lays	2.(a) If veteran, name war None		
3. (a) FULL NAME John H				T.	3. (b) Social Security None	Number
1	hite		le, married, widowed, or divorced	MEDICAL C	CERTIFICATION	,4:
6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) Se		er 10	c) If alive, give ageyears , 1876	21. I CERTIFY that death occurred on the date at June 22 and that I last saw h im alive on June	bove stated; that I attended doc 47, to June 2 e 29	eased Irom 91
o. AGE.	Months 9	70	It less than one dayhrsmin.	Cerebral Thrombo	osis	2 da
9. Birthplace Urban., 10. Usual occupation Ret	Ohio Town, ired	county, and	invill	Due to. Chr. instit neg	ohritis	10
13. Birthplace Urba	in, Oh:	io		(Include pregnancy within 3 Major findings of operations. No ope	months of doubh	
15. Birthplace			io . Linvill .N.W.Washington	Aotopsy resolts. No Autopsy PHYSKIAN: Please underline the cause to	which death should be charged	
17 Burial - (Burial, cremation, or ren Cemetery or crematory Sr Springf	Frans: oringf ield,	it Date The ield Ohio	Cem.	22. VIOLENCE: If death was due to external control of the control	auses, fill in the following;	(State)
18. Funeral director	esda, l	Maryl		23. SIGNATURE	vestu M.D.	. or other 6-2

.

MEDICAL CERTIFICATIO	N
20. DATE OF DEATH June 29	48 4:35
21.1 CERTIFY that death occurred on the date above stated; that I attend June 22 19.47 to June and that I last saw h. im alive on June 29	ded deceased from 9 29 19 4 8
Cerebral Thrombosis	2 days
Oue to Chr. instit nephritis	10 yrs
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations No operation	
Actopsy resolts. No Autopsy PHYSCIAN: Please underline the cause to which death should be	
22. VIOLENCE: If death was due to external causes, fill in the following	
Accident, suicide, or homicide	01
Where did injury occur?	(State)
Injured at home, farm, Industry, public place (where?)	

Registrar Address 3140 Klingle Rd. N.W. Date signed 6-29-48

JUL 6 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			1	
leg.	Dist.	No.	2,6	

	Reg. Dist. No.
1. PLACE OF DEATH: County MACATTAN H City or town Bethesda	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D.C. County
How tong in above place of death? Since 6-16-48-3 SP.M.: How tong in above place of death? Since 6-16-48-3 SP.M.: Hospital, Institution, or street address where death occurred: Suburbay Hosp.: 8600 Old George town Rd. Bethoods Md.	City or town. 1128 hing 10 m. (If outside city or town limits, write RURAL and givs nearest town) Street No. 6605-8 HSt N. W. (If rural, give LOCATION)
How long in hospital or institution? Si vice 6-16-48-350 P.M.	2.(a) tt voteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 6-17 1945 21 3 P. M
6.(b) Namo of husband or wite Farshine Littman 5.(c) the alive, give age 59 years deceased (mo., day, yr.) Jan., 29, 1881	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 47 to feece 17 19 4 from and that I last saw h. Law alive on form 19 4 from 19 4 f
8. AGE: Yeare Months Days It lees than one day 67 7hrsmin.	Central Heyrorhage 36 hrs.
9. Birthplace	Due to Hypertension Chronic 10 grs.
10. Usual occupation	Due to Hypertensive Heart Disease 10 yrs
12. Name MACHEY Littman 13. Birthplace Hungary	Other conditione Diabetes Mellifus 10 410.
14. Maidon namo Han Mah Gross 15. Birthplace Balanza Russia	Major findings of operations. Date of op.
18. Informant Wile-Famme Litteran	Autopsy results
17	22. VtDLENCE: If doath was due to external causes, till in the toilowing: Accident, earcide, or homicide
Cemotery or crematory.	Where did injury occur?
18. Funeral director B. Nausgansky + Soc.	Means of injury injured at work?
Address 3501 - 14 (2157. 7.4) washing 19. (Date fee'd by registrar) 19.48 2Pm & John Registrar	23. SIGNATURE - 8. Bassique M 8 Address 2706 Que St 4 w Date signed 6-17-48

JUN 21 1948

BUREAU V. S.

512 maple Ridge Not.

MARGIN RESERVED FOR BINDING

age

O MARYLAND STATE DE	PARTMENT OF HEALTH N 6349
	E OF DEATH Reg. Diat. No. 914
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery Clity or town Capitol View (If outside city or town limita, write RURAL and give nearest town) Sireel No. 46 Walnut St.
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME MALCOLM Amanda	Storer Malcolm 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a)Single. married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 6 9 48 19 11:40 P. M.
6.(b) Namo of husband or wife James E. Malcolm 8.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; fhaf I altended deceased from 19
8. AGE: Years Months Days If less than one day 60	Carcinoma: Poticulus all 1/27/5
9. Birthplace	Due to Server Julia unknown :
11. Industry or business 12. Name Stacey S. Storer Samuel H. 13. Birtholace Ohio, Lighland Co.	Cther conditions.
14. Malden name. Lucy Bell 15. Birthplace Ohio	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mr. James E. Malcolm Address 46 Walnut St., Capitol View	Autopsy results
Burial (Burial, cremation, or removal, Which?) Date fhereof, June 12, 1948 (month) (day) (year)	
Cemetery or crematory Spesutia Church	Where did Jajury Occur?

emetery or crematory Spesutia Church
Perryman, Hartford Co., Md.

B. Funeral director Warner E. Pumphrey, Inc

19 Date rec'd by registrar)

Address 8434 Ga. Ave., Silver Spring,

19 4 8 replace Dehalffe Address.

23. SIGNATURE....

Meens of Injury

Eur. ut of MA Date

Injured at home, farm, Industry, public place (where?)

M. D. or other

. Date signed.....

Injured at work?

JUN 12 1948

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

942

6391

CERTIFICATE OF DEATH

Reg. Diet. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County 2 Ming	(For newborn infants give residence of mother)
City or town	State Many Land County Mont games
How long in above place of death? 3 ms 6 days	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1549 Falk Can & Lane
Min I g wasting Com a Leave I to probable	(If rural, give LOCATION)
How long in hospital or institution? 3 ma Cadays	2.(a) 11 veteran hame war lastored to teach I
3. (a) FULL NAME	3. (b) Social Security Number
YSON MARSHALL	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Wh mamed	20. DATE OF DEATH. ASSAUL 23 1948 at 1120 PM
6.(b) Name of husband or wife Mangaret Mush ell	2t. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	Capril 17 1948, 10 June 23 1948.
7. Birth date of deceased (mo., day, yr.) July 22, 1893	and that I last saw h. M. alive on
8. AGE: Years Months Days It less than one day	Immediate capse of death DURATION
\$ 54 11 /hrsmin.	Manuella Manuella
11.0 01	Produce 7. 1
9. Birthplace Later (Town, county, and state)	Due to Lindsalendia Mudira / months
to. Usual occupation Postar Clean	Due to Salfonamide aller gy 2 yrs
11. Industry or business	Due to Dalfon amile Aller gy 2 mgs
12 Name Polus E. marshall	Other conditions
13. Birthplace ? England	
to Maiden came min martha Typia	(Include pregnancy within 3 months of death)
m / /	Major findings of operations
15. Birthplace	Date of op.
16. Informan Mary ares Marshall	Autopsy results
Address 1549 N. Falkland Lane alorspy	
11 Burial Date thereof une 25 1948	22. VIOLENCE: 11 death was due to external causes, till in the tollowing:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cometery or grematory Warrenton unitery	Where did injury occur?
Location Languer Ct Trugingia	Injured al home, tarm, industry, public place (where?)
to Funeral director Warner & Rumphorey Inc.	Means ot injury Injured at work?
Addres 8434 Throgia Pres, John Horms Wd.	P1 2 11 (4. Do.)
	23. SIGNATURE SA GARLIA T. Lugar M. D. or other
19. (Many C) 18 4 8 (Southing Chart	Address Montgomers lo . How the Date signed 6 - 23-48

Code I broad transfel in

JUL 14 1948

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WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

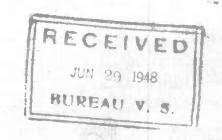
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State Md. County Montgomery
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of doath? 24 Cays	City or town
Hospital, institution, or street address where death occurred:	Street No. 120 Dank Que.
Washington Dan + Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mason Mrs. May	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widow	20. DATE OF DEATH. June . 27 1948 at 9 A.
B.(b) Namo of husband or wife Noel W. Mason	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
10	Jan. 30 1947. 10 June 27 1948
7. Birth date of	and that I last saw h. La alive on fully 25 1848
doceased (mo., day, yr.) 5 - 16 - 68	Immediate cause of death
8. AGE: Years Months Days If less than one day	$Q \downarrow \uparrow \uparrow \uparrow$
80 1 37hrsmln.	gly. Milas lasis 4.
8. Birthplace mt. Vernon, III	Dual O
(Town, county, and state)	Voleno Carema f. Menns les, taige
10. Usual occupation. House wife	Duo to
11. Industry or business	
E 12. Name John Slade	Other conditions
13. Birthplace alabema	(Include pregnancy within 3 months of death)
14. Maidon name Leon & Kolton	(Include pregnancy within 3 months of death)
14. Maldon name TLL.	Major findings of operations.
1/ 1/ //	
18. Informant Hospital Recaids	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or remeral Which?) Bate thereof. (My 29-19 W)	Accident, suicide, or homicide
tt la sachla	
Cemetery or crematury	(City or town) (County) (State)
Location De July	Injured at home, farm, Industry, Dublic placo (where?)
18. Funeral director The Lat Hines Co.	Misens of Injury Injured at work?
224 11 11 41 MU ML 1- + 1/10	Daniel hand Ch
Address 2701-17 St. 11-10 Marshuglow file.	130. SIGNATURE TOWNS TO THE NEW MIN
19 40m v7 1940 / //W/m Noth	2) 8 Carreller. Jahour and had 1 /25/4F



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6351

			CERT	IFICAI	E OF DEATH Reg. Dist. No	// 0
1. PLACE OF DEA		em			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)	
City or town			URAL and give neares	State Maryland county Montgomer City or town Bethesda. I (If outside city or fown limits, write RURAL and give net	-	
How long in above place of death?			(If outside city or fown limits, write RURAL and give net Street No. 5510 Greentree Road, (If rural, give LOCATION)			
How long in hospital or i	nstitution?				2.(a) If veteran, name war. World War I	
3. (a) FULL NAME	Jack	Arthu	r Mathew		3. (b) Social Security 554-09-5	
4. Sei	5. Color or race	6.(a)Singi	e, married, widowed, or di	vorced	MEDICAL CERTIFICATION	
Male	White	Ma	rried		20. DATE DF DEATH. June 17 19.48	
6.(6) Name of husband or 7. Birth date of deceased (mo., day, yr.			c) It alive, give age	41 years	21. I CERTIFY that death occurred on the date above stated; that I attended dece I change 2 19.48 to June 1 and that I last saw h. Man. alive on	7, 19 48
8. AGE: Years	Months	Days	It less than one day		Coronary Chrombosis	DOUBLING
59 59	4	18	1	min.		41/2
9. BirthplaceR.O.	Drintor	ansas county, and	state)		loronary arteriorderons	worth
11. industry or business	None				DUE 10	
	liam Mat	hew			Other conditions	
	Florence	M. I.	awson	***************************************	Major findings of operations	
≥ 15. Birthplace	WESU VII	ETITIO	36 3		Date of op	
16. Informant Mrs. Address Bet		4 A	A. 10, 301 1 301 304 50 301 1 500 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Autopsy results	statistically.
17. Burial.	or removal. Which?	. Date ther	eot June 27 (month) (day		22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide	
Cemetery or crematory	Arlingt	ion Na	tional Ce	emetery	Where did injury occur?	(State)
	//		ia	····/	Injured at home, tarm, industry, public place (where?)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
18. Funeral director	1- New	ven	Jump	mey.	areans of injury	
Address Bet	hesda, M	Maryla	nd	0	23. SIGNATURE Paula 9. Mochler	M.D.
19. (Date rec'd by reg	8 1848		11 2 /m	Registrar	Address 8712 Old George town, Bate signed.	6-18-48

JUN 21 1948

2 USUAL DECIDENCE (LICAME) OF DECEASED.

DIACE OF DEATH

MARGIN RESERVED FOR BINDING

2411 N Charles St. Baltimone

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CERTIFICATE OF DEATH	1./

6352 Reg. Dist. No. 7/14

County	(For newborn infants give residence of mother) State. M. Managarana County County
How long in above piace of dealh?	(If outside city or town limits, write RURAL and give nearest town)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Margaret Ela Herfu	with Maria NONE
4. Sex 5. Color or race 8.(a) Single, married, widowed, or d	MEDICAL CERTIFICATION
Levels white smale	20. DATE DE DEATH 19.7 4 21 11 15 P. 1
(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	years Jef 19 19 10 19
7. Sirth date of deceased (mo., day, yr.) Cless 6 1905	and that I just haw hallye on
8. AGE: Years Months Days if less than one day	
1 01	min. Coronary or Susain
111-11, 10	Due to.
9. Birthplace	0000
1D. Usual occupation	Due to
11. industry or business	
12. Name was 4 therfurth 13. Birthpiace	Dther conditions
	(Include pregnancy within 3 months of death)
HI 14. Maiden name Millingamb R. Through 15. Birthpiace Brandwise md.	Major findings of operations.
\$ 15. Birthpiace Brandwing md.	Date of op.
16. Informant more Margan Co. Margo	Antopsy results.
Address ! 60 & E. W. Hy Seling of	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bural Bate thereof (month) (dg	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
(Burist, cremation, or removal, Which?) (month) (dg	27.43
Location accopely	Injured at home, farm, industry, public place (where?) Meens at injury Injured at work?
18. Funeral director Me S. H. Hyrus Co.	Meens of Injury injured at work? Land I. Broschaet M. L.
Address 2901 - 14th St. n.W.	
19 June 4, 1848, Joshunter Och	23. SIGNATURE. M. D. or other
(Note rec'd by registrar)	Registrar Address Transfel L. Date signed La 7. 28

JUN 9 1943

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

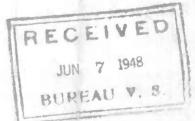
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6353

CERTIFICATE OF DEATH

Reg. Diet No. 223

1. PLACE OF DEATH:	(For newborn infants give residence of mother)
County Mantaemery	
(If outside city or town limits, write RURAL and give nearest town)	State County Cou
How long in above place of death? 13 days	
Hospital, Institution, or street address where death occurred:	Street No. 4707 Calvert Rd.
Washington San. + Hosp	(If rurol, give LOCATION)
How long in hospital or institution? 13 0345	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
mc Call, mrs. Harriett Marie	
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fe White Married	20. DATE OF DEATH AME 2 188 at 8.80 A
6.(b) Name of husband or wife Orthur G. mc Call	21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from
	18 18 10 10 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Birth date of	and that I last saw had delive on 19
deceased (mo., day, yr.) Sept. 13, 1871	Immediate sanse uf death DURATION
8. AGE: Years Months Days If less than one day	hate as a selled here ordered
76 5 / 7 hrs. 50 min.	7.11
9. Birthplace Iron ton Ohio (Town, county, and atate)	Due 12
9. Birthplace (Town, county, and atate)	Coulor and and engels of
10. Usual occupation that saw fe	
19, Usual occupation	Due to
11. Industry or business	
= 12. Name William Flower	Other conditions
13. Birthplace : 10 h ic	
	(Include pregnancy within 3 months of death)
14. Malden name Aterdamana 15. Birthplace	Major findings of operations.
50	
	Date of op.
18. Interment Hospital 1000	Autopsy resolts
	PHYSICIAN: Please uoderline the caose to which death should be charged statistically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, crematter, or removal, Whieh?)	Accident, suicide, or homicide
m 1 / / / m 1	
Cemetery or crematory	Where did injury occur?
location the allowella	Injured at home, farm, Industry, public place (where?)
Location Location	
18. Funeral director Tools Service	Means of Injury Injured at work?
11 11 00 11	11/11/11/15
Address Hyallowith mad 11	23. SIGNATURE JUNIOR VICESCE M.A.
Quel 2 46 1. Than Wall	1 C The 1 M. D. or other
19. (Date rec'd by registrar) Registrar	Address Of 40 Paray 12 - Red Date signed 1 (2)24



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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 2/6

		CERTIFICA	IE OF DEATH	Reg. Diat. No	2/6	
1. PLACE OF DE Mon	ATH:		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of			
City or townKensington			State Maryland County Montgomery City or town Kensington, (If outside city or town limits, write RURAL and give nearest town)			
25 Lawre		e,	street No. 25 Lawrence Avenue. No. No. 1 (1977)			
			2.(a) It veteran, name war			
3. (a) FULL NAM	Mrs.	Nellie G. McCune		3. (b) Social Security None	y Number	
4. Sex Female	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed	MEDICAL C June 29	, 1948	30 A	
6.(b) Name of husband 7. Birth date of deceased (mo., day,		M. McCune S. (c) If allive, give age. dec. 1871	21. I CERTIFY that death occurred oo the date a	bove stated—that I stended dec	- 29 19 4 19 4	
8. AGE: Year 77	months	Days It less than one day 25hrsmin.	Immediate cause of death.		How 1	
	None	ounty, and state)	Oue to	2000	Many	
	0.0	\$	Other conditions			
14. Maiden name	Nancy Ho Texas	rton	(Include pregnancy within)			
Mr.Sil	las L. Coo		Antopsy resolts			
Burial (Burial)	nsington,	Date thereof July 1, 1948 (month) (day) (year)	22. VfOLENCE: If death was due to external confidence and the suicide, or homicide	Date of		
		coln Cemetery	Where did Injury occur?(City or town Injured af home, farm, Industry, public place (
18. Funeral director	1 -	Ruphy	Means of Injury	Injured at work?) MI	
	30 19 4 8	n/ -01	23. SIGNATURE MAGNETON Address 3.1.3. W. Ball	M, D M, D Ly Jack Date signer	0, or other d 6/29/4	

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JUL 6 1948
BUREAU V. S.

Registrar

Reg. Dist. No. 216

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Mentgomery Counly..... Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: US Naval Hospital Bethesda Md. How long in hospital or institution? 7 days 3. (a) FULL NAME McGRATH. James Francis 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married 6.(b) Name of husband or wife Helen McGrath 7. Right date of 21 September 1888 deceased (mg., day, yr.) It less than one day 8. AGE: Years Months Mass. (Town, county, and state) Civil Service 1D. Usual occupation... 11. Industry or business H 12. Name McGrath, Michael
13. Sirthplace Ireland Ireland 14. Maiden nar 15. Birthplace Sheridan, Mary dec. 14. Maiden name..... Ireland 16 Informant Wife: Mrs. Helen McGrath 212 0 St., S.W., Wash, D.C. Date thereof (month) (day) (year) Cemetery or crematory Arlington National Cemetery Arlington; Va. 18. Funeral director. W. W. CHAMBERS Address 517 11th St., S.E. Wash Patterson

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) /Washington (If outside city or town limits, write RURAL and give nearest town) 212 O Street, S. W. (Ifrural, give LOCATION) 3. (b) Social Security Number

20. DATE DE DEATH 10 June 19.48 at 2:20 AM 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

3 June 19 18 10 June 19 18 10 June and that I last saw h im alive on

MEDICAL CERTIFICATION

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of on..... Actupay results confirmed above PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide.....

Where did Injury occur?(City or town) Injured at home, farm, industry, public place (where?)

M. D. or other

USNH Bethesda, Md. 6-111-118

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(Date rec'd by registrar)

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2411 N. Charles St., Baltimore

2 HOUAT DECIDENCE (LICARE) OF DECEASED

CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother) State
3. (a) FULL NAME	MILES 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WIDDWED	MEDICAL CERTIFICATION JUNE 19 48 at 4 45
8.(b) Name of husband or wife OLIVER SCOTT MILES 8.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) APRIL 3, 1885	21. I CERTIFY that death occurred on the date above afated; that I attended deceased from APRIL 25 18 48 to JUNE 1 19 48 and that I last saw h eV alive on JUNE 1 19 48
8. AGE: Years Months Days If less than one day 63 / 28	ACUTE CARDIAC FAILURE / HR.
9. Birthplace GLENWOOD MARYLAND (Town, county, and state) 10. Usual occupation HOUSE WIFE 11. Industry or business 12. Name HENRY OORSEY	Due to
12. Name	Other conditions AURICULAR FIBRILLATION 6 WKS (Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant EVELYN DUTTON Address GLENWOOD, MARYLAND	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Date thereof. (month (day) (year) Cemetery or compatory where the control of the	72. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director 14/11/11/12/12/13/14/15/14/15/14/15/14/19/14/15/15/14/15/15/15/15/15/15/15/15/15/15/15/15/15/	Means of Injury Injured al work? 23. SIGNATURE Charles 5. what has M. D. or other Address. M. D. or other Address. Oate signed 6-1-48

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JUN 17 1948

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CERTIFICAT	E OF DEATH Reg. Diat. No. 714
City or town. Service address where death occurred: How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Raymond Miller	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 2nd that I tast raw h
14. Malden name. 15. Birthplace 16. Informant Address 15. OT. Vermont Adve. 71. W. (Burial, cremation, or removal. Which?) Cemetery or crematory. Location 18. Funeral director of the property of th	Major fiedings of operations

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ine Orrect age legibly.

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JUN 17 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DE				2. USUAL RESIDENCE (HOM (For newborn infants give reside	(E) OF DECEASED:	

(If outside city or town limits, write RURAL and give nearest town)			RURAL and give nearest town)	State District of		
How long in above place	of death? 6.1	nonth:	S			
Hospital, Institution, or	r street address where	death occurre	ed;	Street No. 3710 Jeni:		
			Avenue,		al, give LOCATION)	/
		one	······································	2.(a) If veteran, name warN.O		V
3. (a) FULL NAM	E				3. (b) Social Security	Number
lines in file	Mr	s. Ma:	ry D. Moore		None	W.L
4. Sex	5. Color or race	6.(a)Sing	ile, married, widowed, or divorced	MEDICA	L CERTIFICATION	The same
Female	White		Widowed	20. DATE OF DEATH.	- 26 19.48	at 11:30 P
E (b) Name of bushand	or wife Fra	nk Mo	ore	21. I CERTIFY that death occurred on the		
6.(0) Name of Hospana			(c) It alive, give age	F. 1. 21		
7. Birth date of				and that I last saw halive on	June 26	194.8
deceased (mo., day.			1889	Immediate cause of death		DURATION
8. AGE: Year	s Months	Day's	If less than one day	Raite My	ocardetes	
89 89				2		
a glabalasa W	achineto	n D	C '5 18'	Due to Semility		
9. Birthpiece	Town	county, and	state)		1	
1D. Usual occupation.	Housew	ife		Que to Malnutrela	M	
11. Industry or busines	ss None					
		ned		Other conditions		
12. NameTh	Unknown		1.11.11	Biller constitution		
		TT4 3	1	(Include pregnancy wi	ithin 3 months of death)	
14. Maiden name			1	Major findings of operations	ne	
2 15. Birthplace	Unknow	n			Date of op	
15 Informant Mr	s. Jean	H. Ha	wley	Antopsy results		
			.,N.W.,Wash.D.	PHYSICIAN. Please underfine the cant	se to which death should be charged	statistically.
				22. VIOLENCE: It death was due to exte	ernal causes, fill in the following;	
Buria	n, or removal. Which	Date the	ereotJune 29,1948	Accident, suicide, or homicide	Date of	
			Cemetery		town) (County)	(State)
			ginia	Injured at home, farm, industry, public p		••••
	//	. //	Tuesphrees	Means of Injury	tnjured at work?	
	thesda,		/ //	9/ 0	2 4 1 71	λ
Address Be	~ ^			23. SIGNATURE Sury	y Jowell Mis	or other
19. June	egistrar)	sich	with school	1603 994	SX. MW. Bala almost	6-27-48
(Date rec'd by r	egistrar)		Registra	Address 6.0.	wate signed	AT

FOR BINDING MARGIN RESERVED ADING INK. Supply every item of information carefull Physicians: please write the causes of death clearly and

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JUL 1 1948.

2411 N. Charles St., Baltimore

	CERTIFICATE OF DEATH Reg. Dist. No. 71
County. City or town limits, write RURAL and How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboy) infants give residence of mother of the state of the sta
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME George	4. Morley 3. (b) Social Security Number
Inale white wide	MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(b) Name of husband or wife many E. M. 8.(c) If alive, gi	21. I CERTIFY that death accorded on the date above stated: that I altended deceased from 19.2.6. to 19.4.6
7. Birth date of deceased (mo., day, yr.)	and that Vast saw he death
8. AGE: Years Months Days If less to	a l'astri-chenes
9. Birthplace Reference (10. Usual occupation Reference (10. U	Due to.
11. industry or business 12. Name	Other conditions.
13. Birthplace England 14. Maiden name England 15. Birthplace England	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address O mestantly starting s	22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or comedory Eday Till	Where did Injury occur?
18. Funeral director of Engels Address Appatterille is	Means of Injury Injured at work? 23. SIGNATURE Muss Entathingly M. D.
19. (Dafe rec'd by registrar)	Address 2200 R. T. Ale N. F. Date signed // June

MARGIN RESERVED FOR BINDING

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JUN 16 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Many Jane 1	state Md county Mont gy.
City or town	Charry Chasa
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 6024 Western Ave.
	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
LULA L. M	ORRIS
4. Sex 5. Color or race 8.(a)Single, married, widowed or divorced	MEDICAL CERTIFICATION
FWW	20. DATE OF DEATH
James, marries	21. I CERTIFY that death occurred on the late above stated; that, t attended deceased from
6.(b) Name of husband or wife.	The of and of the I and
7. Birth date of	and that I just sawh M. alive on
deceased (mo., day, yr.) June of 1865	Immediate cause of death.
8. AGE: Years Months Days tt less than one day	and & unlied twent was a sound
82hrs,mia.	
9. Birthplace montrose, Pa	Due to
(Town, county, and state)	John & Remarkage Edgy
10. Usual occupation.	Due to.
11. Industry or business	
= 12. Name & SAAC Runger	Other conditions Carl
12. Name Saac Munyon 13. Birthplace	
a granting of gratt.	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Major findings of operations.
El 15. Birthplace	Date of op.
16. Interment J. L. S. J. L. S.	Autopsy results Da Sun alay
Address 6034 Western Ove. Wd	PHYSICIAN: Please nuderline the cause to which doubt should be charged statistically.
17 Burial Date thereof De sel 28, 194	22, VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
(60. 191 St. :0. Pa	Meens of Injuty Igjured at work?
18. Funeral director.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address 290/ 14 2 5x 7 1.	23. SIGNATURE WILLIAM
1/2/2 48 Was & Och	M. D. or other
19	Address 196 - 1 Shart 1 Date signed 22611

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

Prect age

VS AT5 9.45-15M
PLEASE WRITE PLAINLY, V is especially i

JUL 1 1948

CERTIFICATE OF DEATH

/	Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long In above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Carrie May Moss bu 4. Sex 5. Color or race 6. (a) Shigle, my fied, widowed, or divorced	3. (b) Social Security Number MEDICAL CERTIFICATION
Female White widowed	20. DATE OF DEATH 22 19 19 19 19 19 19 19 19 19 19 19 19 19
6.(b) Name of husband or wife Clinton Mossburg 7. Birth date of deceased (mo., day, yr.) May 28 . 1877	21. I CERTIFY that death occurred on the date shove stated; that I altended deceased from 19
8. AGE: Years Months Days If less than one day 7/ 0 24hrsmin.	Commany or Services
9. Birthplace Frederick (5) (Town, county, and state)	Due to
10. Usual occupation	Due to
12. Name. John Dalbatt 13. Birthplace Monta · Co.	Other conditions
# 14. Malden name Darah Frances Walter	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthpiace Frederick Co.	
Address 77/9 Eastern ase, Zakama Park	Actors y resolts
Address // 9 Castern Use, Lake a lake 17. Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?) (Burial, eremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Managed Conference of	Where did Injury occur?
Location Beallawille, Mi.	Injured at home, tarm, industry, public place (where?) Mesns of injury Injured at work?
18. Funeral director Wan. 19. Helton	A A Bankar & B. V
Address Darnesville. M.	23. SIGNATURE
19. Sune 24 19 48 Mrs. C. C. Syllton (Date red by registrar)	1 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

RESERVED FOR BINDING MARGIN

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and l PLEASEWRITE VS

JUL 1 1948

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 1246

CERTIFICATE OF DEATH

Reg. Dist. No. 216

County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 5 days 3. (a) FULL NAME			URAL and give nearest town) 5 days : esda, Md.	(For newborn infants give residence of mother) State	eat town)	
	Patrick		MULKERN			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced			e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male	W-US		divorced	2D. DATE OF DEATH	1.5:27 A	
8.(b) Name of husband or wife. Lucy Mulkern 6.(c) If alive, give ageyears 7. Birth date of deceased (mo., day, yr.) January 23, 1897			e) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 May 19		
8. AGE: Year		0ays	If less than one day	Bronchopneumonia, all lobes		
9. Birthplace Pennsylvania (Town, county, and state) 10. Usual occupation Publisher 11. Industry or business 12. Name MULKERN, Coleman dec.				Oue to	yrs.	
12. Name MI	Irela	nd	***************************************	Other conditions		
14. Malden name McDonough, Sara dec. 15. Birthplace Ireland				(Include pregnancy within 8 months of death) Major findings of operations. Oate of op.		
			J. McDonougheverly, Md.	Autopsy results	atistically.	
ta buria (Burial, cremation Cemetery or cremat	al n, or removal. Which lory Arli Arlington,	ngton N	6-29-118 (month) (day) (year) ational	22. VIOLENCE: It dealh was due to external causes, till in the following; Accident, suicide, or homicide	(State)	
Address Hya	ttsville,	Marylar	nd Calleon C. Patterson Registrar	23. SIGNATURE R. COOPPR. It. MC USI M. D. or Address. USNH Bethesda, Md a Date signed	rother	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

216 Reg. Dist. No.

1. PLACE OF DEATH: County			thesda, Md.	Street No. 3920 Livingston Road Of rural, give LOCATION) 2.(a) If veteran, name war X MARINE CORES 3.(b) Social Security Number		
3. (a) FULL NAM	3. (a) FULL NAME MULNIX, Cecil Raymond,					
4. Sex Male	5. Color or race W-US	6.(a)\$ingi	e, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 15 June 19 48 3:10P		
8.(b) Name of husband or wife Shirley Mulnix 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) January 21, 1925				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21: February 19 48 to 15 June 19 48 and that I last saw h im alive on 15 June 19 48		
8. AGE: Years 23		Days 21	if less than one day	Edema, marked, of epiglottis and larynx		
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation Ex Marine Corps 11. Industry or business			pa	Due to		
12. Name. MULNIX, Cecil Raymond Sr. 13. Birthplace W.Va.				Pulmonary edema, mild; Cachexia, marked (Include pregnancy within 3 months of death)		
14. Maiden name. HESSLER, Anna Maryland 15. Birthplace				Major findings of operations		
16. Informant wife: Mrs. Shirley Mulnix Address 3920 Livingston Road, Hyattsville, Md.				PHYSICIAN: Please underline the cause to which death should be charged statistically.		
burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Date thereof. (month) (day) (year) Arlington National			n National	Where did Injury Occur?		
Location Arlington, Virginia 18. Funeral director W. W. CHAMBERS L. B.			f. P. B.			
Address 5801 Cleveland Avenue, Biverdale, May C. Patterson 19. (Date rec'd by registrar) Registrar Registrar Registrar			venue, hiverdale y C. Patterson	Md. 23. SIGNATURE A. J. DELANEY, Capt. MCD. DSNer USNH Betizesda, Md. Date signed 6-16-18		



PLEASEWRITE

VS A15

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1. PLACE OF DEATH:

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

93d

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

6364

CERTIFICATE OF DEATH

Reg. Dist. No. 7/4

City or town (If outside city or town limits, write RURAL and give nearest tow) How long in above place of death? Hospital, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Wallace Nairn	
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White widowed	20. DATE OF DEATH Survey 2 194 8 21 11 A. B
6. (b) Name of husband or wife frame hoer hairs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	I 1 2 3 1848 10 Jun 2 1948
7. Birth date of	and that I last saw h alive on May 22 18 48
deceased (mo., day, yr.) 100. 15, 1863	Immediais cause of death DURATION
8. AGE: Years Months Days If less than one day	
82 6 17min	Cerefial Hamorrhage Judden
9. Birthplace Washington D. C. (Toyon founty, and state)	Due to.
10. Usual occupation Statuted	
	Duo to
11. Industry or Jusiness	0 4 . 10 +
12. Name segle ham ham 8. C. ?	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name alice of inclass 15. Birthplace	
E C	Major findings of operations.
	Date of op.
16. informant hrs. W. W. harry &s.	Autopsy results.
Address Q. J. D. # 1 Silver Spring h	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: tf death was due to external causes, fill in the following;
17. Cremation (Burial, cremation, or removal. Which?) Date thereof June 4, 1948 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Hill	Where did injury occur?
Suitland, Prince George Co., Mc	Injured at home, farm, Industry, public place (where?)
110	and the state of t
18. Funeral director & Decrease & Pumplicage Inc.	Means of Injury Injured at work?
Address 8434 Ga. Ave., Silver Spring, M	M. Sa
	23. SIGNATURE M. D. or other
18. June 3 18 4 8 June 14 School	Address J. 9601 Sulton osloce 11. Date signed 16/2/19

JUN 9 1948

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6365

	2411 N. Charles	St., Baltimore	7	
	CERTIFICATI	E OF DEATH	Reg. Diat. No	22.8
County City or town City or town liamts, write 1903AL How long In above place of death? Hospital, Institution, or street address where death occorred:	/ _		County	
How long is hospital or institution?		2.(a) tf veterao, name war		
3. (a) FULL NAME NEWSON -	INTANT	FEMAGE	3. (b) Social Security No.	umbei
4. Sex 5. Color or racs 6.(a) Single, marrie	ed, widowed, or divorced		AL CERTIFICATION 6-9-48 19	at
6.(b) Name of hosband or wite	e, give ageyears	21. I CERTIFY that deeth occurred on the	date above stated; that tattended decease	
8. AGE: Years Mooths Days ttl	ess than one day hrsmin.	Immediate cause of death	eswrity 63/4	41
9. Birihplace Silver Shame Manual State (Town, congress and state)	Somery Co.	Due to		
tO. Usuat occupation		Due to	,	*******
tt. Industry or business 12. Name	711	Other conditions		*******
14. Maiden name	ing Md	(Include pregnancy v		
16. Informant Address Renter Re	Melson	Autopsy results	use to which death should be charged at	tatistic
17. Buttel Date thereot (Burial, cremation, or removal, Which?)	(month) (day) (yest)	22. VIOLENCE: If death was due to ex	Date ot	
Cemetory or crematory	Jul-	Injured at home, tarm, Industry, public	place (where?)	
18. Funeral director. College Address Lailliers &	ne zul	Meaos of Injury	Injured at work?	3
19. June 10 19 48 about	Segistrar Registrar	23. SIGNATURE	M. D. or	4

MARGIN RESERVED FOR BINDING

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JUN 12 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

630

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Mort gonery	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County
2 1184	City or lown - 23
How long in above place of death?	(If outside city or townshints, write RURAL and give nearest town)
Home of George Sam Howard	Street No
How long in hospital or institution?	2.(α) If veteran, name war
2 to FULL NAME	
Maria Cora Nett	2. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F COI BINGLE	(121 4X 620)
	2D, DATE DF DEATH.
6.(b) Name of husband or wife	21. I CEBTIFY that death occurred on the date above stated; that I attended deceased from
6 (e) If allve give age	C C C A 8 19 10 7/21 1948)
7. Birth date of deceased (mo., day, yr.) Sept 24, 1867	and that I last saw h
	Immediate cause of death
Sh V bz	and the state of t
7hrsmin.	Cerebra-vos culas accident 5 day
9. Birthplace , Naward Nd.	Due to.
(Town, county, and state)	Cisteriosdelasia
10. Usual occupation	e NA
11. Industry or business	Due to.
MI Granda Nottles	
13. Birthplace Jeighland Storward Co. Mrd	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. 3 arah 15. Birthplace Dangy Spring Mouta Co Mr.	Major findings of operations
	Date of op.
16. Informant Mrs Kaura Howard.	Antopsy results
Address Brookeville RFD, No.	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
B 0	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or personal, Which?) Dale thereof (mon(h) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Brown Chopel	Where did injury occur?
cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Robert K. Swowden	Means of Injury Injured at work?
V) -00 :00 000	10 X
Address Cockrace, ma.	23. SIGNATURE
106-22 1048 Gertrude B Lawler	M. D. or other
(Date rec'd by registrar) Registrar	Address andy Some man man man 1 22/48

JUN 30 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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124	Yours
107	0

6367

CERTIFICATE OF DEATH

Reg. Dist. No.

/		- 18			***************************************		
1. PLACE OF DEATH: County Dethesda (rural) City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: U. S. NAVAL HOSPITAL, Bethesda, Md. How long in hospital or institution?			URAL and give nearest town) YS Ethesda, Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) StateWashington. D. C. County City or town (If outside city or town limits, write RURAL and give nearest Street No. 1521 Monroe St., N. E. (If rural, give LOCATION) 2.(a) If veteran, name war.	town)		
3. (a) FULL NAM		OLAND,	Home r	3. (b) Social Security Num	ber		
4. Sex	5. Color or race W-US	6.(a)Singl	e, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH	1:50 1		
8.(b) Name of husband or wife Mrs. Anna B. Noland 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) November 27, 1898			c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 25 June 18 48 to 30 June 19 48 and that I last saw h im alive on 30 June 19 48			
8. AGE: Yea	Months 7	Days 3	It less than one dayhrsmin.	Immediate cause of death Cirrhosis of liver, Hypertrophic j	ndef.		
9. Birthplace				Due to			
12. Name NOIAND, Jessie M. 13. Birthplace N.C. 14. Malden name WOODS, Deed N.C. 15. Birthplace N.C. 16. Informant Wife: Mrs. Anna B. Noland Address 1521 Monroe St., N.E. Washington, D. C.				(Include pregnancy within 3 months of death) Major fiadings of operations			
17	urial on, or removal. Which altery Arli Arl W. W. C	ngton ington	eof	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide	ate)		
Address 1400 Chapin St., N. W. Wash D. D. 19. 6-30 19 48 Mary C. Patterson (Dato rec'd by registrar) Registrar Registrar			ry C. Patterson	23. SIGNATURE M. D. or ot Address USNH Bethesda, Md. Date signed 6-	her		

JUL 2 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The discount is especially important. Physicians: please write the causes of death clearly and legibly

MARYLAND STATE DEPARTMENT OF HEALTH

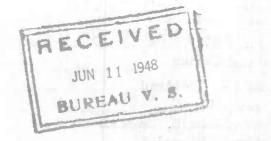
2411 N. Charles St., Baltimore

2 HSHAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

6368 Reg. Diat. No. 214

Montgone	(For newborn Infants give residence of mother)
county Montgomery	state Maryland county Montgomery
City or town Silver Spring (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. Silver Spring. (If outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	
9928 Brookmoor Drive	Street No
	2.(a) If veteran, name war
How long in hospital or institution?	2.(d) II vereran, name war
3. (a) FULL NAME Dorothy U. Norstro	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
female white widowed	20. DATE OF DEATH 9 19 7 9 21/2:30 A M
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h
7. Sirth date of decessed (mo., day, yr.) April 29, 1894	
8. AGE: Years Months Days If less than one day	Immediate cause of death
o. Noz.	- Lei J
54 1 10 hrsmin.	Caronary or chiscon weddonly
9. Birthplace Kansas (Town, eounty, and state)	Due to
	V
10. Usual occupation. Retired	Due to
11. Industry or business	
12. NameJohn E. Brennan	Other conditions
2 13. Birthplace Missouri	(Include pregnancy within 3 months of death)
14. Maiden nameRose Perry	
O as a state of the state of th	Major findings of operations.
≥ 15. Birthplace Vermont	Date of op.
16. Informant Mrs. Madge M. Guarino	Autopsy results.
Address 9928 Brookmoor Dr., Silver Spring, Md	PHYStCfAN: Please noderline the cause to which death should be charged statistically.
	22. VfOLENCE: If death was due to external causes, fill in the following:
17. Removal & burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory. Calvary Cemetery	Whera did injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Kansas City, Jackson Co., Mo.	Injured at home, farm, industry, public place (where?)
18. Funeral director Waxner E. Pumphrey, In	Msans of tnjury tnjured at work?
	Frank & Broschart M. D.
Address 8434 Georgia Ave., Silver Spring, Md.	AND MICHATURE
De 6 10 Co. 1 -7 50	23. SIGNATURE M. D. or other
18. June 9 18 48 Josephure les Chaef	Address Santher Lang Mr. Date signed 6-9-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9400

CERTIFICATE OF DEATH

		216
D: 4	D.T.	

1. PLACE OF DEATH: Nontgomery County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
			State Chicago Clity or town (If outside city or town limits, write RURAL and g Street No. 5731 N. Sacramento Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.	ive nearest town)
3. (a) FULL NAM	E	, Thomas Leonard, Cong	3. (b) Social Sec	urity Number
Male	5. Color or race	6.(a)Single. married, widowed, or divorced married	MEDICAL CERTIFICATIO	
6.(b) Name of husband or wife Emma Owens 6.(c) If alive, give age years			19	June 19 48
7. Birth date of deceased (mo., day, 8. AGE: Years	s Months	mber 21, 1897 Days If less than one day	Immediate cause of death	DURATION
50 5 16 hrs. min. 9. Birthplace			Due 10 Congestive Heart Failure	
			Due to Thrombosis Coronary Dither conditions	15 days
			(Include pregnancy within 3 months of death) Major findings of operations. Date of o	
			Autopsy results	barged statistically.
17 hurial Removal Date thereof June 7, 1948 (Burial, cremation, or removal, Which?) Cemetery or crematory All Saints			22. ViOLENCE: If death was due to external causes, this in the following Accident, suicide, or homicide	(State)
Location	icago, Ill Lee Fune	ral H me GrB.	Injured af home, farm, industry, public place (where?)	12.
Address 4th & Mass., Ave., N.E., Mash., D.C. 19. 6-7- (Date rec'd by registrar) Maryl. C. Patterson.			23. SIGNATURE A. E. MARLAND, Jr., USNH Bethesda, Md. Date	M. D. or other

WRITE PLEASE VS A15

UNFADING INK. Supply every item of information care ant. Physicians: please write the causes of death clearly

RESERVED FOR BINDING

MARGIN

JUN 9 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

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VS A15

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	Diat.		2	1.1	-
Reg.	Dist.	No.	-	,	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Kensington (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 Yrs	I Bity or town I CIIS LIE COII
Hospital, institution, or street address where death occurred: 9 Fawcett St. Kensington	street No. 9 Fawcett Street, (If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veleran, name war
Mrs. Mary A. PREVALL	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	2D. DATE OF DEATH. 6 11 18 8 21 7:
8.(6) Name of husband or wife William J. Prevail-dec	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 27, 1881	and that f last saw h alive on Dt
8. AGE: Years Months Days If less than one day #76647/ \$// 14hrs	110. Lardiae Pailuxe 4
9. Birthplace Philadelphia Pennsylvania (Town, county, and state)	
10. Usual occupation Housewife 11. Industry or business None	Due to.
12. Name Hugh F. McQuard 13. Birthplaco Philadelphia, Pennsylvania	
14. Malden name Cathernie O'Malley	(Include pregnancy within 3 months of death) Major findings of operations
15. Birthplace Unknown-Pennsylvania	Date of op
18. Informant Mrs. Helen Hughes	Antopsy results
Address Kendington, Maryland	22. VIOLENCE: If death was dyé to external causes, fill in the following:
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 14, 194 (month) (daf) (year)	Accident, suicide, or homicide
Cemetery or crematory Forest Glen Church Cemeter	Where did injury occur? (City or town) (County) (State)
Location Forest Glen, Maryland	
	Means of Injury Injured at work?
18. Funeral director Worn . Kauben Cumphray	

JUN 16 1948
BUREAU V. S.

OCCUPA-

Exact statement

stated EXACTLY. classified.

AGE should be so that it may

mation should be carefully supplied. CAUSE OF DEATH in plain terms,

properly

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			61		
County - Montgomery Village or City Takoma Park			Registration Dist. No. 223		
Length of residence In city or town when		yrs. 1 mos	death, occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs		
2. FULL NAME Johanne (a) Residence: No. 156 H	Bauer F Herman (Usual place		St., Ward. San Francisco, Calif. / If nonresident give city or town and State		
PERSONAL AND STATIS	TICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE White		RIED. WIDOWED, D. (write the word)	21. DATE OF DEATH June (Month) (Day) (Year)		
5e. If married, widowed, or divorced 105974000 Charles	Rasehor	n	22. I HEREBY CERTIFY, That I attended deceased from 19		
6. DATE OF BIRTH (month, day, end year)	1-19-7	79			
7. AGE Yaars Months 5	Days 5	If LESS than I day,hrs,	to have occurred on the date stated above, at4:25 mP.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trada, profession, or particular kind of work done, as SPINNER. Home—dressmaker SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, at home. 10. Date decaased last worked at this occupation Could and years ago spant in this Occupation Could and years ago occupation (State or country) 12. BIRTHPLACE (city or town) Visselhevede, Germany (State or country)			Rt. broncho-pneumonia 6-21-48 Diabetes Mellitis 1932		
			Generalized Arteriosclerosis 1935		
			Other Contributory Causes of Importence: Diabetic Ulcers and terminal 1946		
			gangrene both lower extremities		
13. NAME Henry Carstens 14. BIRTHPLACE (city or town) Germany (State or country)			Name of operation NONE Dete of What test confirmed diagnosis? 12b. & QDSWas there an autopsy?		
15. MAIDEN NAME Wilhelmin	a Carste	ens	22_If daath was due to external causes (VIOLENCE) fill In also the following:		
15. MAIDEN NAME Wilhelmina Carstens 16. BIRTHPLACE (city or town) Germany (State or country) 17. INFORMANT David F. Bauer (Address) 4240 15 St. No. Arlington, 18. BURIAL, CREMATION, OR REMOVAL Place Date June 26, 1948			Accident, suicide, or homieida?		
			(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.		
			Manner of injury		
19. UNDERTAKER Deal's Funeral Home (Address) 48/2 Sta Ave hw 20. FILED WM 24, 1948 Registar.			24. Was disaase or Injury in any way restaud to occupation of daceasad If so, spacify		
			(Signad) COOS WITCH Druck D		

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the ueceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term—"laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II			
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy		1 week ago
Chronic interstitial nephritis	1921	Run over by street car		Javeek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	RECEIVE	3 days ago
			JUN 26 1948	i ii
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes Gastroenteritis		5.
<u>a</u>				

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

6372

	CERTIFICAT	E OF DEATH	Reg. Diat. No	
PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
ty or town Silver Sprin	mits, write RURAL and give nearest town)	State		
	death occurred:	Street No. 8707 Georgia (If rural,	Avenue give LOCATION)	
ow tong to hospital or institution?		2.(a) It veteran, name war	•••••	
(a) FULL NAME Ralph	e a.	Renner	3. (b) Social Security	
Sex 5. Color or rage	6.(a) Single, married, widowed, or divorced		CERTIFICATION	
male white	married	2D. DATE OF DEATH. June	29 19.8.8	17:20 A
(b) Name of husband or wifeAnna	E. Renner	21. I CERTIFY that death occurred on the dat		
		and that I Jack saw halive on	19 com	18
Birth date of deceased (mo., day, yr.) Oct. 1	7, 1901			
. AGE: Years Months	Days It less than one day	Immediate cause of death		DURATION
46 8	12	Cornery occ		
Birthplace New Midway (Town	Maryland	Bue to.		and
	y Engineer National		,,	
	Cleaners Association	Due to	***************************************	
	ner	Dther conditions		
13. Birthplace New Midwa		(Include pregnancy with		
-1	Cline			
t5. Birthplace Mt. Airy.		Major findings of operations		
	Renner	Antopsy results	to which death should be charged	statistically.
Address 8/0/ Georgia Burial (Burial, eremation, or removal. Which	Ave., Silver Spring, Md. Date thereotJuly 2 1948 (month) (day) (year)	22. ViOLENCE: If death was due to extern Accident, suicide, or homicide		
Cemetery or crematory Church O	fthe Brethren Cemetery	Where did Injury occur?(City or to		(State)
Location Rocky Ridge	Maryland	Injured at home, tarm, industry, public place		
B. Funeral director Waxwore 6.	Pumphrey The	Meens of Injury	Injured at work?	2 10.1).
	Silver Spring, Md.	23. SIGNATURE	Broschart M. D.	
9. (Date) registrar)	Josephen Er Rhay	Modern Saith le	M. D. Bate signed.	

JUL . 7 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6373

CERTIFICAL	Reg. Diat. No.
1. PLACE OF DEATH: County or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Now long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sthel 7 2020 4. Sex 5. Color or race 6. (a) Single, married, withowed, or divorced	Rech 3. (b) Social Security Number
Female Wheth Mayer	MEDICAL CERTIFICATION 20. DATE DF DEATH 27 JUNE 19 48, 21 10 9 M
8.(6) Name of husband or wife. S.(c) If alive, give ago years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) July 16 1904	and that I last saw h. C. L. alire on
8. AGE: Years Moths Days If less than one day	Immediate cause of death LONGK STIVE DURATION
8. Birthelace (Town, county and state)	Due to CONGENITAL DEFORM-
10. Usual occupation	Bue to
12. Name. Recharded W. Johnson	Diher conditions NONE
14. Malden name Aldrauda, Classa Popkeis 15. Birthplace 'Logal D'C	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Chilleys Ruch	Autopay results
Address Of 8 Dorug Curren 2 17 Gurial, creditation or removed Which? Cemetery or crematory. Cemetery or crematory.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Offar Thell	Where did injury occur?
Address 48/2 La Que ZeW.	23 SIGNATURE L' Marshall leurellier J. Mr.
19. (Sate rec'd by registrar) 19 4 8 Scarling Un Alcety	Address \$648 EEORGIA AVE. Date signed 27 JUN. 41
	LIVER PRINCIPA.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

SILVER SPRING,

Enough to my RECEIVED 3 30 JUE 1 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State OV Sha County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
Mrs. Bortho May Rie	3. (b) Social Security Number
Female White Married Howed, or divorced Remale White Married	MEDICAL CERTIFICATION 32 20. DATE OF DEATH JUNE 94 1948 1978 217 A
6.(b) Name of husband or wife Frank McKinely Riege 6.(c) If allve, give age 53 years 7. Birth date of deceased (mo., ddr. yr.) Sept. 5 1898 8. AGE: Years Months Days if less than one day 49 44 hrs	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Pebvoev 8. 19. 48. to June 9 19. 48. and that I last saw h.R. K. alive on June 9 19. 48. Immediate cause of death Hyper fension DURATION Pavdio Unserview disease 15 4 2 5
9. Birthplace Rosvices Crock Toursky. Columbia 10. Usual occupation H. S. W. Toursky.	DUETO CEVEBROL Apoplexy Holfhou
11. industry or business Homes 12. Name Govern 13 itt ner 13. Birthplace Colvubbia County Pa.	Other conditions Left hemipleges 10/2 y
14. Maiden name Annie Elizabeth Hower 15. Birthplace Columbia County Pa.	(include pregnancy within 3 months of death) Major fieldings of operations
Address 814 Green wood Aug. Fox. PK	Actorsy resolts
17. Burial (Burial, cremation, or removal, Which?) Date thereof. June 12/1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the foilowing: Accident, suicide, or homicide
Commetery or crematory	Where did Injury occur?
18. Funeral director & arthur Watters	Means of Injury Injured at work?
Address 254 Carrier Oh. Keet Jokkong Vark, Red. 19. (Date ree'd by registrar) 18. 48 48 48 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	23. SIGNATURE Hallace M. M. D. or other 9-4 Addres Jakom a Park had ate signed

JUN 12 1948
BUREAU V. S.

SCHOOL STREET, SERVICE STREET

Evidence for change of

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Rige is shown on: [IUM No. G 116 JUN 18 1948 CERTIFICAT	E OF DEATH Rog. Dist. No. 223
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MARGAREL KILEY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE White. We dowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. JUNE 7. 18 48 21.12:30.17
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.48. to JUNE 6 19.48 and that I last saw h.E.C
deceased (mo., day, yr.) October 31 862 8. AGE: Years Months Days If less than one day hrs. min.	Immediate cause of death HEARL FAMILLE DURATION
9. Birthplace COUNTY CORK TREINN & (Town, county, and state)	Due to GENERA / DEBILITY-Old AGE
1D. Usual occupation	Due to
11. Industry or business 12. Name	Dther conditions.
14. Maiden name CATHERINE KEIMANE 15. Birthplace County BRK IRELAND	(Include pregnancy within 3 months of death) Major fiadings of operations
16. Informant MRS MARGARET B. COLLINS	Autopsy results
Address TVA 3h and to N De 1448 17	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occu:? (City or town) (County) (State)
Location PENNSYLVANIA ANE SE.	Injured at home, tarm, industry, public place (where?)
18. Funeral director TIMOthy HANDON	Means of injury Injured at work?
Address 3831- GEORSIA AUTINIA	23. SIGNATURE DE TOTAL N. D. D. Or other M. D. Or other
19. Have - 19 V. P. Registrar	Address 7 214 Calesville Campate signed 6-7-48

- Silver Spring

JUN 12 1948

PLAINLY, WITH UNF is especially important.

WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9000

CERTIFICATE OF DEATH

6376 Reg. Diat. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	state Many and country Mantgemery
How long in above place of death?	City or town
Hospital, instilution, or street address where death occurred:	
Washington Sanitarium and Haspital	Streel No. 27 70.C. (1f rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Janet Elizabeth Roach.	
4. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 4 39
Temale White Single	20. DATE DE DEATH. 2 22 1948, at /1041
	21. I CERTIFY that doubt occurred on the date above states: that I attended deceased from
6.(b) Name of husband or wile	June 13 1048, 10 June 22 1048
7. Birth date of	and that I last saw here alive on Jean 2
deceased (mo., day, yr.) October 17, 1937	Immediate cause af death DURATION
8. AGE: Years Months Daya If less than one day	Branchelommentina 3 loka
104 as 8	list lawer bloken 2 right
9. Birthplace Takoma Park, Md	See 10 middle lobe
(Town, county, and atate)	moderate perseardist offermon 1 wife
10. Usual occupation Studen I	· Que to Chumatil Alun
11. Industry or business	
= 12 Name H. Elton Poach	Diher conditions
12. Name Don't Some Charles Ca.	
	(Include pregnancy within 3 months of death)
14. Maiden name & them tollenten.	Majar fiadiags al aperatiana
E 15. Birthplace Ternwood /V. 9.	Date of op.
16. Informant Chart	Aatopsy results. As about
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the tollowing;
Buriat, cremation, or removal, Which?) Date thereof. 25 19 47 (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Lillis Cemiting	Where did injury occur?
Fernand New York	Injured at home, farm, industry, public place (where?)
Location Fruttun Walters	Maens of Injury Injured at work?
18. Funeral director Walten's Juneral Mome	Ad aco a
Address Tatoma Park D. 754 Carpell St. N.	23 SIGNATURE De Voe Ke Meade MIN.
19 Sune 22 19 48 / thm Dodl	M. b. P. J. M. Dorother
Date rec'd by registrar)	Addissationa (and) free Dalesigned

JUN 24 1948

2411 N. Charles St., Baltimore

	•	CERTIFICA	TE OF DEATH	Reg. Dist. No	216
City or town(If or the long in above place Hospital, institution, or	Montgor Bethesda utside city or town lis of death? stroot address where d Hospital, I Institution?	Nory (runal) nits, write RURAL and give nearest town) 7 days eath occurred: 3cthesda, Md. 7 days	Cicero (If outside city or town limi Street No. 4920 W. 30th	ously	eareat town)
3. (a) FULL NAME				3. (b) Social Security	Number
4. Sex Male 8.(b) Namo of husband		8.(a)Single, married, widowed, or divorced Single	20. DATE DF DEATH	bove stated; that I attended dac	eased from
7. Birth date of deceased (mo., day, y	Months	July 12, 1929 Days If less than one day	and that I last faw halive on		OURATION 3 days
9. Girthplace	Mari	recounty, and state) ne Corps	Duo to		
13. Birthplaco	GACKI, Anti Ill SIENKIENIC Ill	Z, Wanda	Other conditions	3 months of death)	7 day
18. Informant MOto	W. 30th P.	Wanda Kalus	22. VIOLENCE: If doa'th was due to external c	which death should he charged	
Cemetery or crematory Resurrection Cemetery Location Cook County, Illinois Injured at home, farm, industry, public place (where?)		(State)			
	Chapin St.	N.W., Washington, D. C. Many C. Patterson Registre	23. SIGNATURE		

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibles.

The correct age

WRITE

PLEASE

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JUN 8 1948

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CERTIFICAT	E OF DEATH Reg. Diat. No. 216
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME ROGERS, Howard	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 20. DATE DF DEATH. 19 June 19 48 3:30
6.(b) Name of husband or wife Martha Ann Rogers 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Dotober 10, 1881	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 June 19 1/18 10 19 June 19 1/18 and that I last saw h im alive on 19 June 19 1/18
8. AGE: Years Months Days If less than one day 66 8 9 hrs. min. 9. Birthplace Virginia (Town, county, and state) 10. Usual occupation Retired Civil Service	Due to
11. Industry or bosiness 12. Name ROGERS, Howard dec. 13. Birthplace Va. 14. Malden name JONES, Annie dec. Va. 15. Birthplace	Dither conditions
16. Informant Wife: Mrs. Martha A. Rogers Address 2304 Nicholson St., S.E. Wash., D.C. 17. burial Bate thereof (month) (day) (year) (Burial, eremation, or removal. Which?) Cemetery or crematory Arlington National	Actopsy results. Or PHYSICIAN: Please underline the eanse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Arlington, Va. 18. Funeral director. W.W. Chambers R.J. Address 517 11thSt S.E. Washington, D.C. Mary C. Stlliam (Date ree'd by registrar) (Date ree'd by registrar)	injured at home, tarm, industry, public place (where?) Meens of injury Injured at work? 23. SIGNATURE Lt. MC USN Address USNH Bethesda, Md. Date signed 6-19-19

JUN 24 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

6379

CERTIFICATE OF DEATH

Reg. Dist. No. 716

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	state Mary and county Montanmery
(If outside city or town limits, write RURAL and give nearest town)	
Now long In above place of death?	City or town (1f outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where depth occurred:	Street No. 5801 W1/500 have
Suburban Hoppila	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs- Mary t. Noge	rs
4. Sex 5. Color or race 6.(a) Single/married, widowed, or divorced	MEDICAL CERTIFICATION 75
temple white married	20, DATE OF DEATH. JULE 8, 1948, at 6 P.
8 (b) Name of husband or wife + 19 5 C/1 D 1 RD9 C 15	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
Offer Hamile of	man 2 MM (8 11
7. Birth date of John School S	and that I last sawh exclusive on Justel 8 19 4)
deceased (mo., day, yr.) +04-22 1886-	Immediate capse of death DURATION
8. AGE: Years Months Days If less than one day	Coronary Thrombonis 2 chy
62 3 17hrsmin.	
Harry I will be	
9. Sirthplace (Town, eounty, and state)	Due to.
	(activity activities and the second
10. Usual occupation Adus Color fe	Due to.
11. Industry or business	Systemson years
= 12, Name Paul Tun Khauser	Dither condition
\$ 13. Birthplace Rocking ham Co. Va	
14. Maiden name Minerva King,	(Include pregnancy within 3 months of death)
14. Maiden name Minerva King! 15. Birthplace Qhio	Major findings of operations
15. Birthplace	
16. Informant D. D. Rogers -	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22, VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)	
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Rock Creek	Where did Injury occur?
Washington, D.C.	Injured at home, farm, Industry, public place (where?)
	Means of injury Injured at work?
1B. Funeral unectur	(1) 0 (1) 1 - 1000
Address 8434 Ga. Ave., Silver Spring, Mc	23. SIGNATURE Tarel at antor Mit
6/11 48 MME C.P. 11	M. D. or other
19 19 19 10	+ Metherda, MN 6/9/H

JUN 12 1948

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Correct age

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

			O HOWAL DECIDENCE (LEONATE) OF DECIDED	
1. PLACE OF DEATH: Montgomery County Bethesda (rural)		tgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. State. County.	
		Ida (miwal)		
City or town(If outsid	e city or town li	mits, write RURAL and give nearest town)		
them term in about place of do	oth2	l day, 8 hrs.	City or town	1)
Magnital Incitivation or street	t address where	death occurred:	sireet No. 1333 U St., S.E.	
II. S. NAV	AL HOSE	ITAL, Bethesda, Md.	Street No	/
U. S. NAVAL HOSPITAL, Bethesda, Md. How long in hospital or institution? 1 day, 8 hrs.		l day 8 hrs.	2.(a) 11 veteran, name war. SpAm. War.	
			3. (b) Social Security Number	***********
3. (a) FULL NAME		ROSE, Oscar Leonadus	3. (0) Social Security Number	
4. Sex 5.	Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male	W-US	married	20. DATE OF DEATH. 28 June 19 18 8:	35P
		Agnes V. Rose	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
B.(6) Name of husband or wi			27 June 19 48 to 28 June	19.48.
			and that I last saw h im alive on 28 June	19.48
7. Birth date of deceased (mo., day, yr.)	Ja	nuary 15, 1877	The state of the s	RATION
8. AGE: Years	Months	Days If less than one day	HUPERTENSIVE	
71	5	13min.	HyPERTENSIVE- HERRT-DISERSE	
			100000000000000000000000000000000000000	
9. BirthplaceTer	m.	county, and state)	Due to HYPERTENSION	•••••
	(IOWII,	county, and state)		
10. Usual occupation	retir	ed fireman	Due to ARTERIOSCLEROSIS	
11. industry or business				
当 12 Name ROSE	Wine,	dec.	Diter conditions CEREBRUL-Th Rom Boss	
12. Name ROSE,		nknown	(Include pregnancy within 3 months of death)	
	1		(Include pregnancy within 3 months of death)	
岩 14. Maiden name		***************************************	Major findings of operations	
14. Maiden name		unknown	Date of op.	
	Mnc A	gnes.V. Rose	Antoney rashits	
			PHYSICIAN: Please underline the cause to which death should be charged statistical	ly.
		.E.] Wash.,D.C.	22. VIOLENCE: If death was due to external causes, fill in the following:	
hin	mi al	Date thereof (month) (day) (year)	Accident, eulcide, or homicide	
(Burial, cremation, or	removal Which?	ton National Genetary		
Cemetery or crematory	Wr TTMS	Date thereof 7-1-48 ton National Cemetery	Where did injury occur?	
		Arlington; Val	Injured at home, farm, industry, public place (where?)	
		/./0	Meens of Injury Injured at work?	
1B. Funeral director	Simm	ons Brothers of	Chanles forogo	
Addres2 2007 1	N; cholas	Ave Washington 2/64	Chanles Savara	
		Maria C. Millian	23. SIGNATURE Lt. JG Charles Savage M. D. of other	
19. 6-29-	19 218	Mary C. Patterson Registrar	Address USNH Bethesda, Md. M. D. of other M. D. of other Date signed 6-2	9-48
11)ate rec'd by registr	ar)	The man the grant at	AUUICSS	

JUL 1 1948
BUREAU V. S.

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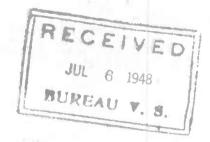
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6381 Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infafts give residence of mother)
County Co,	Maritan di monera in monera di moner
City or town Clarksburgd. (Rural) (If outside city or town limits, write RURAL and give neares	State County County
(If outside city of town limits, write RORAL and give neares	City or town
How long in above place of death? 35 yrs Hospital, institution, or street address where death occurred:	(1) Session city of town filmits, write in his L and tive nearest town)
nuspital, institution, or street address where death occurred.	Street No. (If rurs), give LOGATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Annie Rebecca R	union
4. Sex 5. Color or race 6.(a)Single, married, widowed, or div	MEDICAL CERTIFICATION
Female White Married	20. DATE DE DEATH Sume 29, 1947, 213:30 P:
S.(b) Name of husband or wife David Franklin Ru	
\$ (e) 16 alius elus aga	84 May 18, 1048 11 19 19 19 48
7. Birth date of	and thal I last saw h & alive on May
deceased (mo., day, yr.) Sept 17th 1868	Immediate cause of death artificiation Con dig DURATION
8. AGE: Years Months Days If less than one day	rescular disease 15 yrs.
1868 79 9 12hrs	min.
s. Birthpiace Rockenham Co., Va.	and Themes Volla. 4920.
(lown, county, and state)	DUE TOO
House Wife	
10. Usual occupation	Due to
t1. Industry or business	
E 12. Name William Bexter	Dther conditions
12. Name William Bexter Va,	
	(Include pregnancy within 3 months of death)
14. Maiden name Sallie Walters 15. Birthplace Va	Major findings of operations
2 15. Birthplace Va	Date of op.
16 Informant Minnie Whetzel	Antopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clarksburg ad, O	22. VIOLENCE: If death was due to external causes, fill in the following;
L./. 3/	Q(/ X
(Burial, cremation, or removal, Which?) (month) (day	
Cemetery or crematory Hyattstown Ceretert	Whers did injury occur? (City or town) (County) (State)
Uzzattatowa vid	
Edde 1100 Hilliam	
18. Funeral director Ernest C Gartner	Msens of Injury Injured at work?
Address Gaithersburg and.	() 7 Ma !!!.
AUUTESS (78 LLTTET SOUTE ALL	23. SIGNATURE M.D. or other
19 July 2 1948 (elsusa) J. Con	
(Duta rand d by randstrer)	Registrar Address Samusacon, Ma Bate stoned 6/30/47



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

6382

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If ontside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
MARY J. RVAN	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorfed F. MARRIED 8.(b) Namo of husband or wife JOHN A. IRVAN	20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) Nov. 11. 1874 8. AGE: Years Months Days If loss than one day	Inmediate were of death DURATION
9, Birthplace	Boe if The State of the State o
11. Industry or business 12. Name. 13. Birthplace Va.	Other conditions
14. Maldon came. 7 ritter 15. Birthplaco Va.	Major findings of operations
Address 3630 South Raboty Gos NE. 17 Remove Duned Bate thereof Land 29, 1948	Autopsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Cometery or crematory Four Lenial County (day) (year) Location March Lenial County, Wal	Accident, suicide, or homicide
18. Funeral director. W. Wanen Tallowell Address 3619.14 D. W.W.	Means of Injury Injured at work? 23. SIGNATURE AND
19. June 100 19 4V Globe 100 19 Registrar	Address 75-711. The nate of group HIM 35

Address...

DESCRIPTION OF THE PROPERTY OF ASSESSED.

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JUL 3 1948
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

23. SIGNATURE

	Reg. Dist. No		
2. USUAL RESIDENCE (HON (For newborn infants give resi	ME) OF DECEASED:		
State Mangland			

City or town(If outside city or to	wn limits write RURAL and give nea	rest town)	
Street No. 8010 East	term Drusa		
(If ru	ral, give LOCATION)		
2.(a) If veteran, name war			
	3. (b) Social Security	Number	
	420-18-7	207	
MEDIC	AL CERTIFICATION		
00 0000 00 00000	a 6 18 4 8	. 2 20 6	
h . / /	e date above stated; that f attended dece		
Dep Mudo E	an care	19	
and that I last saw halive on	care	19	
Immediate cause of death	<u> </u>	DURATION	

Cornon o	colingian	and of	
Due to.	celanin	rendolen	
//	***************************************		
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Due fo		• • • • • • • • • • • • • • • • • • • •	

Other conditions			
(Include pregnancy	within 3 months of death)		
(Include pregnancy	within 3 months of death)		
Major findings of operations	within 3 months of death)		
(Include pregnancy)	within 3 months of death) Date of op.		
(Include pregnancy) Major findings of operations	within 3 months of death) Date of op.		
(Include pregnancy (Include preg	within 3 months of death) Date of op. Due to which death should be charged		
(Include pregnancy) Major findings of operations	within 3 months of death) Date of op. Date to which death should be charged sternal causes, fill in the following;		
(Include pregnancy (Include preg	within 3 months of death) Date of op. Date to which death should be charged ternal causes, fill in the following; Date of		
(Include pregnancy of aperations		statistically.	

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, Institution, or street address where doubt occurred: How long in hospital or institution?.... 3. (a) FULL NAME 4. Sex S.(c) ff alive, give age 7. Birth date of deceased (mo., day, yr.) If less than one day Months 8. AGE:hrs. (Town, county, and atate) 1D. Usual occupation... 11. Industry or business 12, Name Sans 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name. Bakkanna 16. Informant Amarilla Shedher (Burial, cremation, or removal. Which?) Cemetery or crematory Jasper Alabama Jasper Alabama 18. Funeral director Address Bethesda, Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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OF DEATH	Reg. Dist. No.
2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
W.Va.	County
	ington imits, write RURAL and give nearest town)
Street No. 1307 Arlingto	on Terrace
	give LOCATION)
2.(a) It veteran, name war	
She with the same of	3.(b) Social Security Number
MEDICAL	CERTIFICATION
20. DATE OF DEATH	June 19 48 ,et 10:40Am
21. I CERTIFY that death occurred on the date	e above stated; that I attended disceased from 19 48 to 15 June 19 48 15 June 19 48
oue to See Referre	ha Topema
(Include pregnancy withfi	n 3 months of death)
flajor fiadings of operations	
	Date ot op
Autopsy resolts	o which death should he charged statistically.
22. VIOLENCE: It death was due to externa	causes, fill in the tollowing;
Accident, suicide, or homicide	Gale of
Where did Injury occur?(City or tow	wn) (County) (State)
njured at home, farm, industry, public place	
Means of Injury	Injured at work?
23. SIGNATURE PAUL PETERS	Capt. (MC) MBP or other Md. Date signed 6-15-48

			CERTIFICA	T
1. PLACE OF DE	ATH: Mo	ntgomer	У	
How long in above place Hospital, institution, or	outside city or tow of death?street address wh Vaval Hos	2 hours ere death occurr spital,	RURAL and give nearest town) ed: Bethesda, Md.	•••
3. (a) FULL NAM	E			
	SMI	TH, Bab		
4. Sex Male	5. Color or race	6.(a)Sing	gle, married, widowed, or divorced Single	
7. Birth date ot deceased (mo., day, y	(r.) 15	June 1		ars
8. AGE: Years		Days		in.
13. Birthplace	s TH, "J" Texas	пСп	4	••••
14. Maiden name.	WARE, Washin		t Marie	
Address HS (17. buri (Burial, cremation Cemetery or cremate Location	company, al or removal. Whi Arl W. W. C	Marine Date the ington l rlington HAMBERS St., N.	W. Wash. D.C.	<u>on</u>

JUN 18 1948

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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible
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MARYLAND STATE DEPARTMENT OF HEA

2411 N. Charles St., Baftimore

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CERTIFICATE OF DEATH

216 Reg. Diat. No

1. PLACE OF DEATH: county Montgomery Retherds (munal)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 month, 9 days	City or town New Huntington, (if outside city or town limits, write RURAL and give nearest town) Street No. 1307 Arlington Terrace (If rural, give LOCATION) 2.(a) If veteran, name war.		
3.(a) FULL NAME SMITH, Margaret Marie	3. (b) Social Security Number		
4. Sex 5. Color or race 8.(a) Single. married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. Date of Death 20 June 19 18 21 6 P		
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11 May 19 18 to 20 June 19 48		
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h im alive on 20 June 19 40 Immediato cause of death To Chimia G. Calgromany DURATION		
29 2 16 1 hrs. min. 9. Birthplace	Due to Heplrone phone phone below		
10. Usuat occupation housewife 11. Industry or business	Due to		
12. Name. WARE, William Va.	Dither conditions		
14. Maiden name JOHNSON, Maude Va.	Major findings of operations		
16 Informant husband: Sgt. J. C. Smith Address 1307 Arlington Terrace, Arexanders, Va	Autopsy results. Share and the cause to which death should be charged statistically.		
17 burial Date thereof 6-23-18 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Arlington National	22. VfOLENCE: If death was due to externat causes, till in the tollowing; Accident, suicide, or homicide		
Location Arlington, Virginia 18. Funeral director W.W. CHAMBERS	Injured at home, tarm, industry, public place (where?) Meens of injury Meens of injury		
Address 1400 Chapin St., N.M., Washington, DC Mem C. allinan 19. 6-20- 19. 48 Mary C. Patterson	PAUL PETERSON, Captain MC USN M. D. or other USNH Bethesda, Md. Bata signed 6-20-48		



SA

PLEASÉ WRITE

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6386

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infages give residence of mother)
County	State Mandavel County Marks mon
City or town	- Jan hooh
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Sireel No. Marwood Continue
	(If rurol, give LOCATION)
How long In hospital or Institution?	3. (b) Social Security Number
3. (a) FULL NAME mary E. Su	owden
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fonsle Colored mayied	20, DATE OF DEATH JUNE 2D 19.48, at 8:201 M
John W. Snawder	21 J CERTIFY that draft occurred on the date above stated; that I attended deceased from
6.(c) Name of husband or wife	march 15 19 36 10 June 10 19 40
7. Birth date of O 1 1 1 2 9	and that I last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
E0 1/2 10	min. (Morary Transports sudden
And I de no mil	Que to Q
9, Birthplace(Town, eounty, and state)	Cardiae /19 perliaphy
10. Usual occupation Housewife	Due to
11. Industry or business	- Hyperlausen
12. Name 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Majorica Hell 15. Birthplace	Major findings of operations
15. Birthplace	Date of op.
16. Interment Our W. Onswider	Autopsy results
Address Crockville, nd. R. J. N	
17 Bural Dalphereof Jun 24, 191	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlal, cremotion, or reployal, Which?) (month) (day) (year)	When did inlust agents?
Cemetery or crimatory	
Location	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
18. Funeral directory. Control of the Control of th	Means of Injury
Address Rockville: and	- We fater Cevels N.D.
1-24 40 Entrud Ridan Rer	23. SIGNATURE M. D. or other
19.6-24 1948 Entrude Balancer	strar Address Now Seek May Date signed 6.22.4

JUN 30 1948

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PECEIVED

JUN 24 1948

BUREAU V. S.

ADING INK. Supply every item of information ca Physicians: please write the causes of death clear

BINDING

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MARGIN

VS A15 9.45.15M PLEASE WRITE PLAINLY, is especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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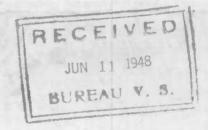
CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County Montgomery Bethesda (rural) City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 day Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 6 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stale D.C. Couoty Washington, (If outside city or town limits, write RURAL and give nearest town) Street No. 2241: Shannon Pl., S.E. (If rural, give LOCATION) 2.(a) II veteran, name war.	
3.(a) FULL NAME STIDHAM, Mary Ellen	3. (b) Social Security Number	
4. Ses 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female W-US single	2D. DATE OF DEATH 13 June 19 48 at 10:50	
8.(b) Name of husband or wile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 June 19 48 to 13 June 19 48 and that I last saw h 3r ative same 19 48 Immediate cause of death 11 June 19 48	
8. AGE: Years Months Days II less than one day 6	Due to Introduction in patients Due to Introduction Consistent Constant Co	
12. Name STIDHAM, Walter Dale 13. Birthplace Ky.	Other conditions	
14. Maiden name KOTHLER, Betty 15. Birthplace Washington State	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant father: Walter Dale Stidham, ADL USN Address US Naval Air Station, Anacostia, D.C.	Autopsy results	
Durial Date Ihereol 6-15-18	22. VIOLENCE: Il death was due lo external causes, fill in the loilowing: Accident, suicide, or homicide	



JUN 16 1948 BUREAU V. S.



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 216

I. PLACE OF DEATH: County Bethesda (rural) City or town. (If outsida city or town limits, write RURAL and give nearest town) How long in above place of death?					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
					State D.a.C.a.		
					Cily or town	ngton	areat town)
How long in above ; Hospital, institution	lace of death?	esa where	death occurred	***************************************	street No. 3317 15th St		
US Nava	al Hospi	tal.	Bathes	da, Md.	Street No. (If rural,	give LOCATION)	
How long in hospital or institution?					2.(a) It veteran, name war	w 	V
3. (a) FULL NAME						3. (b) Social Security	
3. (6) 1016 11			THORNTO	N, Richard Ernes	t	J. (0) Docial Decemy	
4. Ses	5. Cater e			, married, widowad, or divorcad		CERTIFICATION	
male	Col			married	20. DATE OF DEATH	June 19 48	6:14 F
6,(b) Name of husi	bond or wife	***********		M. Thornton	21. I CERTIFY that death occurred on the date	19 48 to 24 June	19.48
9 81 41 414 4				e) if alive, give ageyea	and that I last saw h imalive on	24 June	1948
deceased (me.,	lay, yr.)	D	ecember	26, 1889	Immediate cause of death		
8. AGE:	Yours Mon	hs	Days	It less than one day	Chronic Nephri	tis	17 yrs
	58	5	28	hrsml		AAN W	
8. Birthplace Washington, D. C. (Town, county, and state) Civil Service					Due to Hypertension	, Arterial	2 yrs
10. Usual occupation.					Bue to	***************************************	••••••
11. Industry or bu		2037	77.1 1 1			***************************************	***
12. Name THORN TON, Richard dec.							
Is. Birthplace Vac Letitia ? dec. 14. Maiden name. Letitia ?					(Include pregnancy withi		
To Sirthelace Va.					_		
16 latermant WIFE: Mrs. Francis M. Thornton					Antopsy results	o which death should be charge	f statistically.
Address 33	317 15th	St.	, S.E.	Wash.,D.C.	22. VIOLENCE: If death was due to esterna		
					Accident, suicide, or homicide		
17 Burial Bate thereot Little 2-9, 19 48 (Burlal, cremation, or removal, Which?)				(month) (day) (year)	Accident, suicide, or homicide		
Cometery or cramatory Arlington National					Where did injury occur?(City or to	wn) (County)	(State)
Arlington, Va.				Va.	Injured at home, tarm, Industry, public place	e (where?)	
					Maans of Injury	Injured at work?	
				1 Home X YY	•••		
			, N. W.	Wash.,D.C.	12 40	ma a.	
6-25- 18 Mary C. Patterson					IIGNIE Dathaeda	VES Jr., Lt. MG	Mothers N 6-25-48
(Date roe'd	by registrar)			Regiştr	ar Address	uate signed	

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and leg

PLEASE

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 26 1948

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

6392 Reg. Dist. No. 223

6.(b) Name of hueband or wife
(If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? New long in above place of death? New long in hospital for institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) FULL NAME 4. Sey 5. Folor or race 6. (c) Single, married, widowed, or divorced 6. (c) Name of hueband or wite. 7. Birth date of deceased (mo. day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace. (Town, coupty, and state) 10. Usual occupation. 11. Industry or business
How long in above place of death? Hospital, institution, or street address where seath occurred: Comparison of the post of the street address where seath occurred:
Hospital, Institution, or street, address where death occurred: How long in hospital institution? 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) It veteran, name war 4. Set 5. Rofor or race 6. (a) Single, married, vidowed, or divorced Full Cartification 5. Rofor or race 6. (b) Name of hueband or wife 6. (c) It alive, give age 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day If less than one day The street of the date of deceased (mo., day, yr.) Due to Cartification Due to Cartif
Now long in hospital or institution? 3. (a) FULL NAME A. Sey S. Fylor or race S. (a) Single, married, widowed, or divorced Florical S. (b) Name of hueband or wife D. Date of Death. 19. J. 10. J. 19. J. 19. J. 10. J. 19. J. 10. J. 19.
3. (b) Social Security Number 3. (c) FULL NAME A. Sey S. Eyfor or race S. (a) Single, married, widowed, or divorced S. (b) Name of hueband or wife D. DATE DF DEATH 18
4. Sex 5. Folor or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 4. Sex 5. Folor or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 5. (b) Name of hueband or wife MEDICAL CERTIFICATION 20. DATE DF DEATH 19
4. Set. Section of race Section of race Section of race Section of race Section of the section
female volite valor 6.(b) Name of hueband or wife Deland H Uplace 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace (Town, coupty, and state) 10. Usual occupation. 11. Industry or business 20. DAYE OF DEATH 19. 19. 19. 19. 19. 19. 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
6.(b) Name of hueband or wife
6.(b) Name of hueband or wife
6.(c) Name of hueband or wife 5.(c) If alive, give age yeare deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace (Town, coupty, and state) 10. Usual occupation. 11. Industry or business
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day
1. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace
8. AGE: Years Months Days If less than one day Months Days If less than one day
8. AGE: Tears months pays it less man die day hrs. min. 9. Birthplace Grown, coupty, and state) 10. Usual occupation November Salar
9. Birthplace
10. Usual occupation Nove Due to Humshyel Artimaclinais 11. Industry or business
10. Usual occupation Nove Due to Humshyel Articlesis 11. Industry or business
10. Usual occupation. Nove Due to Hunsely & Artonaclinais 11. Industry or business
11, Industry or business
12. Name Dither conditione
12. Name
17 1 1 months of death)
14. Maiden name Thursy Bunk but 15. Birthplace Alexander Date of op.
E 15. Birthplace a Alexandry
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16, informant. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 518 9 40. N.6 Wash, U.C.
Bus al Removal June 19 1948 22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremetion, or removal, Which?) Date thereof. ####################################
Cemetery or crematory
X
Location Injured at home, farm, industry, public place (where?)
18. Funeral director S. H. Hunca Cot. Meens of Injury tinjured at work?
Address 2901-14 = St. 77. W.
19. June 19 18 4P S. W. Budais Lakerus Park Mr. D. or other

JUN 24 1948

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CERTIFICATE OF DEATH

Par Dist No. 216

1. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)					2. USUAL RESIDENCE (HOME) 0	F DECEASED:	
					(For newborn infants give residence of mother) State		
(1	If outsi	de city or town l	2 dazze	(URAL and give nearest town)	City or town. Washington (if outside city or town limits	* PATTE AT	
How long in above pla Hospital, Institution,	ace of d	eath?	doub convers	4.	(if outside city or town limits	, write KUKAL and give nearest town)	
						1. V.	
US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 days					(If rural, give	LOCATION)	
					2.(a) tf veleran, name war		
3. (a) FULL NA	ME	The state of the s	ANDER,	Harry		3. (b) Social Security Number	
4. Sex	5.	Color or race	6.(a)Singt	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male		Col		married	20. DATE OF DEATH	ne , 48 , 11:40A	
6.(b) Name of husba	nd or w	ite Lo	uise W	ander	21. I CERTIFY that death occurred on the date abo	we stated; that I attended deceased from	
Office a supplement						48 10 29 June 19 48	
7. Birth date of				c) if alive, give ageyears	and that I last saw h. im alive on	7. June 19. 48.	
deceased (mo., da	ıy, yr.)	Ju	ne 3,	1898	Immediate cause of death Intraspin	nal injury (C2) DURATION	
8. AGE: Ye	ears	Months	Days	If less than one day		vertebral body)	
5	0	0	26	hrsmln.			
10. Usual occupation 11. Industry or bush		Cl	VII Se	rvi ce	Due to		
12. Name WANDER, Johnson dec.					Other conditions Terminal resp	iratory	
¥ 13. Birthplace Va.					Paralysis (Include pregnancy within 3 to		
14. Malden name JONES, Ida Va.					Major findings of operations		
₹ 15. Birthplace					***************************************	Date of op	
16. Informant Wife: Mrs. Louise Wander					Autopsy results confirmed a	bove	
7000 2 3 01 1/1/1/1/1/1 7 0					PHYSICIAN: Please underline the cause tu w	hich death shunld be charged statistically.	
					22. VIOLENCE: If death was due to external cau	ises, fill in the following;	
17. burial Date thereof (month) (day) (year)					Accident, suicide, or homicide	nt Date of 6-26-48	
(Burial, cremation, or removal, Which?) (month) (day) (year)				ational	Where did Injury occur? Washing (City or town)	ton, D. C.	
Cemetery or crematory. Arlington National					(City or town)	(County) (State)	
Location		Arli	ngton,	Va.	Injured at home, farm, industry, public place (w	here?) home	
1B. Funeral directo		Jenkins		C de a	desens of Injury to fell, in EVE	nominiured at work?	
Address 2	053	Georgia		- Catta	23. 310781411L	ONERNEY, Cdr. MC USN	
19 6	-29	10 48	Mary	Patterson Registrar	7703777 m 43 . 35		
(Date rec'd by	regist	rar)		Registrar	II Address USNH Bethesda, Mc	Date signed6-29-18.	

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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. DISTRICT CORONER NOTIFIED AND APPROVED.

JUL 2 1948
BUREAU V. S.

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VS A15

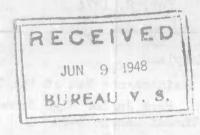
55 e MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diet. No. 714

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	16 . 3 3
City or town Silver Spring Md. (If outside city or town finits, write RURAL and give nearest town)	City or town. Silver Spring (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
8910 Georgia Avenue	Street No. 8910 Georgia Avenue (frural, give LOCATION)
How long in hospital or institution?	William Control of the Control of th
3.(a) FULL NAME.	(b) Social Security Number
John Clarence War	214-16-7676
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 5 June 19 48 at 4:15 PM
6.(b) Name of husband or wife Elizabeth D. Ward	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(c) if alive, give age	19.4/10 5 June 19.4/
7. Birth date of	and that I last saw h and alive on 5
deceased (mo., day, yr.) Feb. 8, 1874 8 A.G.F. Years Months Days If less than one day	Immediatorcause of death
o. Aut.	Chondrosarcoma / pelvis 14-15/2
74 3 27hrs.	. min.
9. Birthplace	Due to
10. Usual occupationMaintenanceManattheTakoma	Due to
11. Industry or business Park Junior High School	
12. Name Thomas George Ward 13. Birthplace Md	Other conditions
13. Birthplace Md.	(Include pregnancy within 3 months of death)
14. Malden name Josephine Thompson	
14. Malden name Josephine Thompson	Major findings of operations.
	Date of op.
1B. Informant Mrs. Elizabeth D. Ward	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 8910 Ga. Ave., Silver Spring, Md.	
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 8, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory Forest Oak Cemetery	Where did injury occur?
Location Gaithersburg, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Warnax & Pumphay	Means of Injury Injured at work?
	2 = 11 0 0 0 0
Address 8434 Gg. Ave., Silver Spring, Md.	23. SIGNATURE William D. Clud m.D.
19 June 6 19 48 graphing Schae	Le on Shair hall M. D. or other
(Inta regid by registrar) Regis	stear Address Courses The Total Sale signed 3



Section and Parks of the

PLEASE WRITE PLAINLY,

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age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

eg. Dist. No. 217

1 PLACE OF DEATH: County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Jahn Warkee	3. (b) Social Security Number
Male Calored Male (Solored Male)	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19. 4 8 at M
6.(b) Name of husband or wife	21. I CERTIFY that death Scurred on the date above stated; that t attended deceased from 19.40
7. Birth date of Many 1878	and that I last saw h My allve on
8. AGE: Years Months Days ti less than one dayhrsmin.	Immediate cause of death DURATION
9. Birthplace / Hawark County; and state) ned.	Due to.
10. Usual occupation. Laborer.	Due to
11. Industry or business 12. Name C wheet Warfield	Other conditions
13. Birthplace M. Retter	(Include pregnancy within 8 months of death)
14. Maiden name Lachel New 15. Birthplace	Major findings of operations.
May Elect a labore Williams	After the Date of op.
16. Informant The Comment of the Com	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
Address 17. During Date thereof Mal / 1945 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VtOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory and and a month (duy) (year)	Where did Injury occur? (City or topen) (County) (State)
Location Sandy Solume Med.	Injured at home, farm, industry, public place (where?) Meens of injury Thiured at work?
Address Ack rulle, and.	23. SIGNATURE Mefre Sewell M.D.
19. 6-10 1948 Gestrude B Lawler (Date rec'd by registrar) Registrar	Address Parkers Bate signed Que 14,48

JUN 17 1948

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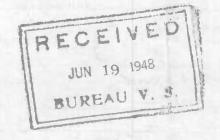
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rog. Diat. No. 211

City or town	2. USUAL RESIDENCE (HOME) Of DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institution?	11
3. (a) FULL NAME Richard M Walkin	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male White Sungle	20. DATE OF DEATH. 15 June 19 48. 1 4 P. M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended decessed from
	Nor 3 1947 10 15 June 1948
1 7. Birth date of 12 15 44	and that I last saw n.c
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
3 7 3hrsmin.	Neuroblastoma, probably 7/2 moss
	retroperitones l'aimesiti
9. Birihplace May (Town, county, and state)	Due to) involving advinal,
	both orbits,
10. Usual occupation.	Due to.) and long boxes
11. Industry or business	
12. Rame III III III III III III III III III I	Diher conditions
M O All King Walls.	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations Neuroblastoma
15. Birthplace Markand	(biopsy) Bato of op 25 Nov 47.
16. Informant Walfrield In Walking	Autopsy results
Address Danosen mig	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 17.194	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide.:
Cemetery of crematory Daynor 200 200 200 200 200 200 200 200 200 20	Where did injury occur?
Location Money Joney Co Very	tnjured at home, farm, industry, public place (where?)
Report of the	Meens of injury injured at work?
18. Funeral director	. 01 0 10 1.
Address Alonning Him	23. SIGNATURE LAGE KAUGOT MD
19 June 17 19 48 Della W. Burdet	Address Daynascus Mac. Date signed 16 Muse 48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

Reg. Diat. No. 2/2

County Moulgomery	(For newborn infants give residence of mother)
00000	State Maryland county Moulganney
City or town	0 (1312
How long in above place of death? The years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 7 she
The	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William Mc Kendree	Williams nous
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. 0 1. 0.0	
Male Mille Marrisel	20. DATE OF DEATH TOM 10 19 9 T 217:30 A SI
Some all or Williams	21. I CERTIFY that Yearh occurred on the date above stated; that I atlended deceased from
6.(b) Name of husband or wite	Movember 18, 918 48 10 1111 10 11948
7. Birth date of	and that I last saw h /M give on try 2 19
deceased (mo., day, yr.) Socht, 14 - 1873	Immediate cause of death to answering thrombonis DURATION /
8. AGE: Years Months Days It less than one day	& would
72 8 26hrsmin.	
	antiniagelinates cardimosocilere in una.
9. Birthplace Boyds - Mouly Co. Mary land	Due to
10. Usual occupation of armer - Muchaut	distast:
10. Usual occupation	Due to
11. Industry or business	
12. Name ames & Welliams 13. Birtholace Breeds - Maryland	Other conditions
3 13. Birthplace Bryds - Mary Land	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op.
16. Informant Mus. Bradford M. Hradley	Autopsy results
20 00 01 NO 0 :00 - 200	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Surial Dele thereof James 12-1948. (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
	Where did Injury occur?
Cemetery of Crematory	Where did Injury occur? (City or town) (County) (State)
Location Brallo villa - Bouly Co - Mayland	Injured at home, farm, Industry, public place (where?)
18. Funeral director Wom. Roubon Tempolity	Means of Injury Injured at work?
18. Funeral director	
Address Beltiesda - Maryland	23. SIGNATURE James P. Kerr M. D.
10 6/12 1948 Mrs. C. C. Stiller	M. D. or other
19. (Date rec'd by registrar) 19. 48. Mrs. C. C. Steller Ruy ms. w. A. B. Kristrar	Address Camdaeus, Mh. Date signed 4 L. L. 4. 4.

JUN 19 1948

Address

(Date rec'd by registrar)

Evidence for change of MARYLAND STATE DE age and birth date shown on: 111 N. Charle 114 No. G 116 JUN - 9 1948 CERTIFICAT	PARTMENT OF HEALTH St., Baltimore 131 E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
WILLIAMS, David Lawrence 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(b) Name of husband or wife Mrs. Rachel Williams 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 53 55 11 23 22 hrs. min. 8. Birthplace (Town, county, and state) 10. Usual occupation. Gardener:	21.1 CERTIFY that death occurred on the date above stated: that I attended decessed from 23 May 18 48, to 1 June 19 48 and that I last saw h im alive on 1 June Immediate cause of death Nephritis, Chronic Due to
11. Industry or business 12. Name WILLIAMS, James dec. 13. Birthplace Florida 14. Maiden name BUTLER, Fannie dec. 15. Birthplace Washington, D. C.	Other conditions Hypertension, Arterial indef. (Include pregnancy within 3 months of death) Major findings of sperations. Date of op.
18. Informant Wife: Mrs. Rachel Williams Address 1316 W St., N. W., Wash., D.C. 17. burial Dale thereof 6-4-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Arlington National Cemetery Location Arlington Val	Autopsy results

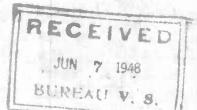
1432 U St., N. W., Wash., D.C.
6-1 Mary C. Patterson Registrar

WATTERS, Jr., LT JG MC USN 23. SIGNATURE. M. D. or other

USNH Bethesda, Md. Date signed. Address.

6-1-48

194x-x-7 1894-6-4 18-11-81



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Management of City or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 34 Helberg Avenue. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
City or lown	State
City or town	City or town
How long in above place of death?	City or town
low long in above place of death? 6 years dospital, institution, or street address where death occurred: 34 Hekry avec	Street No. 34 Steppy are
lospital, institution, or street address where death occurred: 34 Lekyy away	Street No. 34 Shekoy ane
34 Hekry away	Street No.
//	
low long in hospital or institution?	(If wral, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HERBERT PEKIN WOOD!	IN - mone
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
man white surgicel	0 21 10 1145
Mace White Ideasoul	20. DATE OF DEATH. 21 4 19. 48 21 4 7
6.(b) Name of husband or wife	21, I CERTIFY (that death occurred on the date above stated; that I attended deceased from
	20 19\$7 10 June 2/ 19.4
	and that I last saw h alive on 19.4
7. Birth date of deceased (mo., day, yr.) august 4 1866	
	Immediate Cause of death
8. AGE:	Carena
81 /0	(asterie Legens of Colin) & mo
10 1 ··· 10.	
9. Birthplace (Town, county, and state)	Due 10
Return Congregational Minister	
10. Usual occupation. Valued Congregational resident	Due to.
	340 (V.)
11. Industry or business	
12. Name Signer J. Wooden	Dther conditions
\$ 13. Birtholace Give River Kew york (2)	
10.0	(Include pregnancy within 3 months of death)
14. Maiden name Sarah Ree Atthy 15. Birthplace Exaring, New Hompshire	Major fiedings of operatious
O 15 Birthologo Em : New Homeshine	
El 15. Birthplace General Jew Bongson	Date of op.
16 Informant Mess Gertrude L. Wooden	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 57 Secretary and Spaces	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Cremetion Date thereof June 24, 1948.	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Geder Hell Tremslary.	Where did injury occur?
10 6-18 64 11	
Location Germa ME D.C., C. pleased.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Tarahar Tallars	Means of Injury Injured at work?
The state of the s	() 21) + 1.4
Address 254 Capital St., Majory Jack, N. a.	23. SIGNATURE DE MULLE
O MITTALEN NO -AL	M. D. or other

JUN 24 1948

MARGIN

WITH UNFADING INK. Supply every item of information cliek important. Physicians: please write the causes of death clearly

correct age

VS A15 9.45

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County Many
	City or town Thursd 12010lo 2016
How long in above place of death?	City or lown
Hospilal, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Marles Frank Wir	ight no-
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION ,
mal 211. K massie	2/2 17 14 5 =
Mare Myring Marving	20. DATE OF DEATH June 1 1948 at 9.11
Xada G. Wheelt	21.1 CERTIFY that death occurred on the date above stated: that I attended deceased from
6,(b) Name of husband or wife	January 15, 19 48 10 June 10 19 48
7. Birth date of	and that I last saw h. I. 271. alive on
accessed (mo.; def; fr.)	Immediate cause of death
o. Act.	2 days
86 2 0min.	
I and or Wa	ate in a tie Continuouslas 25 ma
9. Birthplace (Town, county, and state)	Due to
7 - 2 2	disease
1D. Usual occupation	Due to
11. Industry or business of arms	
El Charles Wright	
12. Name Charles Wright 13. Birtholace Botto.	Other conditions
13. Birthplace 27 10.	(Include pregnancy within 3 months of death)
14. Maiden name Cotherine Sanfrower	(Include pregnancy within 3 months of death)
14. Maiden name All All Constitution of the Co	Major findings of operations.
El 15. Birthplace	Dale of op
mustrala a Wright	Autopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Box ds. mg	
13-1948	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which) Dale thereot. (month) (day) (year)	Accident, suicide, or homicide
alackshing mad	Where did injury occur? (City or town) (County) (State)
Cemetery or crematory	(City or town) (County) (State)
location of company co	Injured at home, farm, Industry, public place (where?)
RI Jest Dasher	Means of Injury Injured at work?
1B. Funeral director	
Address Landlonswill 200	O P & M. IT
A The state of the	23. SIGNATURE James O. New
10 hine 12 10 48 d'ella W. Burdillo	M. D. or other
(Date rec'd by registrar) Registrar	Address Namescus Md. Date signed 6.1.1.48.
16	, , , ,

· JUN 15 1948